2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2008 08:00 AM Secretary of State

DOCUMENT # P020 1. Entity Name THIRD AVENUE INVESTO		
Principal Place of Business 2500 WESTON ROAD	Mailing Address 2500 WESTON ROAD	_
#302 WESTON, FL 33331	#302 WESTON, FL 33331	

No Chg-P CR2E034 (11/05) 02072008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3664498 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MESSING, ELLIOT DO NOT WRITE 2500 WESTON ROAD #302 WESTON, FL 33331 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE U00000827036 02/21/08-80072-022 150.00 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME MESSING, ELLIQT STREET ADDRESS 2500 WESTON ROAD #302 CITY-ST-ZIP WESTON, FL 33331 TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7(P TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

שיינכבל זמן זו טוט.

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Daytime Phone #