## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 18, 2005 08:00 AM Secretary of State **DOCUMENT # P02000078470** 1. Entity Name STJ MANAGEMENT INC. Mailing Address Principal Place of Business C/O LEDER GROUP INVESTMENT PROPERTIES C/O LEDER GROUP INVESTMENT PROPERTIES 6530 WEST ROGERS CIRCLE SUITE 31 6530 WEST ROGERS CIRCLE SUITE 31 BOCA RATON, FL 33487 BOCA RATON, FL 33487 CR2E034 (10/03) 03082005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 06-1645707 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DANIELS, NICHOLAS M ESQ. SUNTRUST INTERNATIONAL CENTER ONE SE 3RD AVENUE SUITE 2400 IN THIS SPACE MIAMI, FL 33131 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 this if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE U00000313**69**4 9. Election Campaign Financing \$5.00 May Be FILE NOWI!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. 04/18/05-80133-020 150.00 Added to Fees 10. TITLE NAME LEDER, SEAN M 6530 WEST ROGERS CIRCLE SUITE 31 STREET ADDRESS BOCA RATON, FL 33487 CITY-ST-7IP TITLE LEDER, JOSHUA NAME 6530 WEST ROGERS CIRCLE SUITE 31 STREET ADDRESS BOCA RATON, FL 33487 CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 111116 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 eath; 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: SEAN

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> M LEDER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED