## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P03000020870



**FILED** May 01, 2007 8:00 am Secretary of State

The above ramed entity submits this statement for the purpose of changing its registered officer or registered agent. or both, in the State of Forda. I and amiliar with, and accept the displaced agent at 14 septicular.    Applicable   Colly   FL   State   Colly   Colly   State   Colly   Colly   State   Colly   Coll	1. Entity Name BOYNTON BEACH XIX CORPORATION							05-01-2007 90038 044 ***150.00				
Suite, Apl. #, etc.   Applied for 51-0447690	1600 SAWGRASS CORP PARKWAY SUITE 300			1600 SAWGRASS CORP PARKWAY Suite 300			1190000					
City & State	2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Zep	Suite, Apt. #, etc.			Suite, Apt. #, etc.			04192007	Chg-P	CR2E03	4 (12/06)		
S. Certificate of Status Depited   Fee Required  Fee Required  T. Name and Address of New Registered Agent  T. Name and Address of New Registered Journal Registered Agent  Name    Street Address (P.O. Box Number is Not Acceptable)	City & State			City & State			i			_ <del>  `</del>	•	
RANT LAUDERDALE, FL 33301  City FL Zip Code  6. 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 chiggistons of registered agent.  SIGNATURE  SURVIVER SOUNTIES S150,00 The Notice of Provided Heavy Submits in the state of Florida. I am familiar with, and accept the chiggistons of registered agent.  SIGNATURE  SURVIVER SOUNTIES S150,00 The Notice of India applicable.  OPECIFER SAND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  INE DP CARREL ADDITIONS SURVIVER SURVIV	Zip	Country		Zip	Cour	itry	5. Certificat	te of Status Desired				
GRANT, MARK F 200 EAST BROWARD BLVD. 15TH FLOOR FORT LAUDERDALE, FL 33301  City FL Zip Code  City FL Z		6. Name	and Address of Current R	egistered Agent			7. Name ar	d Address of New R	egistered Aç	jent		
Sireet Address (P.O. Box Number is Not Acceptable)	ODANIT N					Name						
### City FL 37   City FL 27   Code    ### City	200 EAST BROWARD BLVD.					Street Address (P.O. Box Number is Not Acceptable)						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature												
SIGNATURE										,		
### Part												
### After May 1, 2007 Fee will be \$550.00    Trust Fund Contribution.   Added to Fees												
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12. Thereby certify that the information supplied with this filing does not quality 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 trystee 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:

N. MARA MEMBROZ, VICE PRESIDENT 4/27/07 954-753-1730

SIGNATURE:

4/27/01