

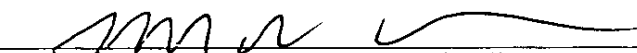


# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P03000065834</b> 1. Entity Name <b>KD JACKSONVILLE 1034, INC.</b>						<b>FILED</b> <b>07 AUG 27 AM 11:21</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>3333 NEW HYDE PARK ROAD NEW HYDE PARK, NY 11042</b>				Mailing Address <b>3333 NEW HYDE PARK ROAD NEW HYDE PARK, NY 11042</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		  08102007    Chg-P    CR2E034 (12/06)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number <b>20-0050334</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KIMMEL, MARTIN S 3333 NEW HYDE PARK ROAD NEW HYDE PARK, NY 11042</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;"> <i>Reha</i> </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COOPER, MILTON 3333 NEW HYDE PARK ROAD NEW HYDE PARK, NY 11042</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> <b>100108139451</b>  <b>09/08/07-01033-002 **\$1.25</b> </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FLYNN, MICHAEL 3333 NEW HYDE PARK ROAD NEW HYDE PARK, NY 11042</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;"> <i>Please See Attached</i> </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SCHINDLER, MICHAEL 3333 NEW HYDE PACE ROAD NEW HYDE PARK, NY 11042</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.							
<b>SIGNATURE:</b> 				<b>8/16/07</b>		<b>516 869 9000</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone</small>	

**KIMCO DEVELOPERS, INC. & its subsidiaries**

**Directors**

Milton Cooper	Director
Michael J. Flynn	Director
David B. Henry	Director

**Officers**

Milton Cooper	Chief Executive Officer
Jerald Friedman	President
Dan Slattery	Executive Vice President
Michael J. Flynn	Vice President
Joseph Denis	Vice President
Paul Dooley	Vice President
Joel Yarmak	Vice President
Ralph Conti	Vice President
Michael V. Pappagallo	Vice President and Chief Financial Officer
Bruce M. Kauderer	Vice President and Secretary
Glenn G. Cohen	Vice President and Treasurer
Raymond Edwards	Vice President
Michael D. Schindler	Vice President
Bruce Rubenstein	Vice President
Ruth Mitteldorf	Vice President
Barbara E. Briamonte	Vice President
Michael E. Parry	Assistant Secretary
Susan L. Masone	Assistant Secretary
Kathleen M. Gazerro	Assistant Secretary
Ann L. Villella	Assistant Secretary

**ADDRESS FOR ALL OFFICERS & DIRECTORS**

**3333 NEW HYDE PARK RD  
SUITE 100  
NEW HYDE PARK, NY 11042**