2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000065855

Entity Name: FLORIDIAN COMMUNITY HOLDINGS, INC.

FILED Feb 14, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
5599 SOUTH UNIVERSITY DRIVE DAVIE, FL 33328				5599 SOUTH UNIVERSITY DRIVE SUITE 100 DAVIE, FL 33328			
Current Mailing Address:				New Mailing Address:			
5599 SOUTH UNIVERSITY DRIVE DAVIE, FL 33328				5599 SOUTH UNIVERSITY DRIVE SUITE100 DAVIE, FL 33328			
FEI Number: 2	20-1583805	FEI Number Applied For ()	FEI Numl	ber Not Applie	cable ()	Certifica	ate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	ı	Name and	Address of	New Reg	istered Agent:
IGLER, GEORGE A 1501 PARK AVENUE EAST TALLAHASSEE, FL 32301 US							
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.							
SIGNATURE:							
	Electron	ic Signature of Registered Agent	t				Date
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS	AND DIREC	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	GEISERMAN, R	OURT SUITE 200	1	Title: Name: Address: City-St-Zip:	(() Change(() Addition
Title: Name: Address: City-St-Zip:	ZINN, DAVID M	Delete NIVERSITY DRIVE 28	1	Title: Name: Address: City-St-Zip:	(() Change(() Addition
Title: Name: Address: City-St-Zip:	LEGGETT, JÈFI	NIVERSITY DRIVE	1	Title: Name: Address: City-St-Zip:	(() Change(() Addition
Title: Name: Address: City-St-Zip:	ZUCKERMAN, A	NIVERSITY DRIVE	1	Title: Name: Address: City-St-Zip:	(() Change(() Addition
Title: Name: Address: City-St-Zip:	ZINN, WARREN	NIVERSITY DRIVE	1	Title: Name: Address: City-St-Zip:	(() Change(() Addition
Title: Name: Address: City-St-Zip:	()	Delete	1	Title: Name: Address: City-St-Zip:	D (MARZOUCA, 102 SANTANI JUPITER, FL	DER DRIVE	(X) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEISERMAN, ROBERT, M D 02/14/2007