2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P03039

1. Entity Name
KENNEDY-WILSON FLORIDA MANAGEMENT INC.

Principal Place of Business	Mailing Address
900 N. MICHIGAN AVE SUITE 1120 CHICAGO, IL 60611	900 N. MICHIGAN AVE SUITE 1120 CHICAGO, IL 60611

DO NOT WRITE IN THIS SPACE

01032005 No Chg-P CR2E034 (10/03)

4. FEI Number
36-3322592

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PARACORP INCORPORATED
236 EAST 6TH AVE.
TALLAHASSEE, FL 32303

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCMORROW, WILLIAM J
STREET ADDRESS	9601 WILSHIRE BLVD
CITY-ST-ZIP	BEVERLY HILLS, CA 90210
TITLE	SMD
NAME	BEASLEY, LARRY
STREET ADDRESS	900 N MICHIGAN AVENUE
CITY-ST-ZIP	CHICAGO, IL 60611
TITLE	P
NAME	ROSTEN, JAMES
STREET ADDRESS	9601 WILSHIRE #220
CITY-ST-ZIP	BEVERLY HILLS, CA 90210
TITLE	TD
NAME	LYLE, FREEMAN
STREET ADDRESS	9601 WILSHIRE #220
CITY-ST-ZIP	BEVERLY HILLS, CA 90210
TITLE	VP
NAME	STARR, PATRICIA L
STREET ADDRESS	4085 PINE RIDGE LANE
CITY-ST-ZIP	WESTON, FL 33331
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/11/05-80053-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Glenn C Bensley 1-4-05 (312) 654-3971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #