2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED Apr 28, 2008 08:00 AM Secretary of State **DOCUMENT # P04000008388** 1. Entity Name GOLDWATER REALTY XII, CORP. Mailing Address Principal Place of Business P.O. BOX 190816 **1801 WEST AVENUE** MIAMI BEACH, FL 33119 MIAMI BEACH, FL 33119 01172008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1359950 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FELLIG, ZALMAN DO NOT WRITE 1801 WEST AVENUE MIAMI BEACH, FL 33139 IN THIS SPACE 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 title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be U00000924232 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 05/16/08-80065-012 150.00 10. DPT TITLE FELLIG, ZALMAN NAME STREET ADDRESS 1801 WEST AVENUE MIAMI BEACH, FL 33139 CITY-ST-ZIP DVS TITLE FELLIG, SOLOMON NAME STREET ADDRESS 1801 WEST AVENUE CITY-ST-ZIP MIAMI BEACH, FL 33139 TIT! F NAME STREET ADDRESS DO NOT WRIT CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS C!TY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 chapter 0, or on an attation of the chapter of trustee empowered.

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/08 305538-1117