2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000085578

1. Entity Name
CASTLE & COOKE FLORIDA PROPERTIES, INC.

Principal Place of Business	Mailing Address
6304 JACK NICKLAUS PKWY WINDERMERE, FL 34786 US	10900 WILSHIRE BLVD SUITE 1600 LOS ANGELES, CA 90024 US

01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1355423

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DEVP
NAME	ROOHAN, EDWARD C
STREET ADDRESS	10900 WILSHIRE BLVD, SUITE 1600
CITY-ST-ZIP	LOS ANGELES, CA 90024
TITLE	D
NAME	GRISWOLD, SCOTT A
STREET ADDRESS	10900 WILSHIRE BLVD, SUITE 1600
CITY-ST-ZIP	LOS ANGELES, CA 90024
TITLE	DP
NAME	FREEMAN, BRUCE M
STREET ADDRESS	10900 WILSHIRE BLVD, SUITE 1600
CITY-ST-ZIP	LOS ANGELES, CA 90024
TITLE	VPGC
NAME	GARNETT, MARY J
STREET ADDRESS	10900 WILSHIRE BLVD, SUITE 1600
CITY-ST-ZIP	LOS ANGELES, CA 90024
TITLE	CFO
NAME	WOLFF, RICHARD S
STREET ADDRESS	10900 WILSHIRE BLVD, SUITE 1600
CITY-ST-ZIP	LOS ANGELES, CA 90024
TITLE	VPAT
NAME	OASAY, ROSALINDA V
STREET ADDRESS	10900 WILSHIRE BLVD, SUITE 1600
CITY-ST-ZIP	LOS ANGELES, CA 90024

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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.

SIGNATURE: _____ Mary J. Garnett 01-20-06 310-209-3810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #