


FILED
Jun 04, 2008 8:00 am
Secretary of State

<h1>DOCUMENT # P04000085578</h1>		
1. Entity Name CASTLE & COOKE FLORIDA PROPERTIES, INC.		
Principal Place of Business 6304 JACK NICKLAUS PKWY WINDERMERE, FL 34786 US		Mailing Address 10900 WILSHIRE BLVD SUITE 1600 LOS ANGELES, CA 90024 US
2. Principal Place of Business - No P.O. Box #		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
6. Name and Address of Current Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		Name
		Street Address
		City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.		
SIGNATURE _____ (NOTE: Registered Agent signature required)		
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5 Ad
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DEV ROOHAN, EDWARD C 10900 WILSHIRE BLVD, SUITE 1600 LOS ANGELES, CA 90024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRISWOLD, SCOTT A 10900 WILSHIRE BLVD, SUITE 1600 LOS ANGELES, CA 90024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FREEMAN, BRUCE M 10900 WILSHIRE BLVD, SUITE 1600 LOS ANGELES, CA 90024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VGC GARNETT, MARY J 10900 WILSHIRE BLVD, SUITE 1600 LOS ANGELES, CA 90024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO WOLFF, RICHARD S 10900 WILSHIRE BLVD, SUITE 1600 LOS ANGELES, CA 90024 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAT OASAY, ROSALINDA V 10900 WILSHIRE BLVD, SUITE 1600 LOS ANGELES, CA 90024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 changed, or on an attachment with an address, with all other the empowered.		
SIGNATURE: _____ VP/Asst.		