

FILED
Jun 13, 2005 8:00 am
Secretary of State

05-03-2005 90082 007 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000088333 1. Entity Name BANKATLANTIC MORTGAGE PARTNERS, INC.					
Principal Place of Business 1750 E SUNRISE BLVD FT LAUDERDALE, FL 33304			Mailing Address 1750 E SUNRISE BLVD FT LAUDERDALE, FL 33304		
2. Principal Place of Business 2100 West Cypress Creek Rd.		3. Mailing Address 2100 West Cypress Creek Rd.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL			
Zip 33309 Country		Zip 33309 Country			
4. FEI Number 20-1212529				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, ALISON W 150 W FLAGLER ST STE 2200 MIAMI, FL 33139			7. Name and Address of New Registered Agent Name Daugherty, St. John Street Address (P.O. Box Number is Not Acceptable) 2100 West Cypress Creek Road City Fort Lauderdale FL Zip Code 33309		
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 except the obligations of registered agent. SIGNATURE St. John Daugherty 4/26/05 <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when renouncing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WHITE, JAMES 1750 E SUNRISE BLVD FT LAUDERDALE, FL 33304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2100 West Cypress Creek Road Fort Lauderdale, FL 33309		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SNYDER, MARCIA 1750 E SUNRISE BLVD FT LAUDERDALE, FL 33304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2100 West Cypress Creek Road Fort Lauderdale, FL 33309		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MCCLUNG, JAY 1750 E SUNRISE BLVD FT LAUDERDALE, FL 33304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2100 West Cypress Creek Road Fort Lauderdale, FL 33309		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:		James White, Director 4/25/05 954-760-5000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>			

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