02/25/2007 10:34 0000000

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000120663				PILED			
1. Entity Name SATTER KANNER MANAGEMENT CORP				07 FEB 26 AM 10: 57	7		
SATISTICAL AND							
Principal Place	e of Business	Mailing Address		SECRETARY OF STAT TALLAHASSEE.FLORI	E D 4		
100 SOUTH OLIVE AVENUE P.O. BOX 1592 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33			FL 93402	TO A THE COLUMN THE TITLE THE THE THE THE THE THE THE THE THE TH	UA I enn eine Man ena	en n erti	
US		US					
2. Principal P	ace of Business - No P.O. Box #	3. Mailing Address		s tarmen i in ééti éétin petit (per getil itiély 42)	i ettii Ti na ezen riki	TOTAL TATAL	
. Suite, Apt. #, etc. Suite, Apt. #, etc.			- 15/C		(10/06)		
City & State		City & State				and For	
· · · · · · · · · · · · · · · · · · ·			1 1	4. FEI Number 20-1522429	Not	Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additi Fee Required	onai	
	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Registered	Agent		
SATTER, JONATHAN R				Street Address (P.O. Box Number is Not Acceptable)			
WE	ST PALM BEACH FL 3340	1					
			City		Zio Code		
8. The above	named entity submits this statement	for the purpose of changing it		FL stered agent, or both, in the State of Florida. I am	<u> </u>	nd accept	
	ions of registered agent.				,		
SIGNATURE.	Signature, typed or printed name of registered ages	n; and title it epplicable. (NC	TE: Registered Agent signature requ	ized whon reinstating) DATE			
And the second of the second	ILE NOW!!! FEE IS \$150.00			9. Election Campaign Finance	cina \$5.0	O May Be	
	May 1, 2007: Fee Will Be \$550.0 Payable to Florida Department			Trust Fund Contribution.		to Fees	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AN			
TITLE NAME	SATTER, JONATHAN R	☐ Defeie	TITLE Name	Mailam (2000) (240		☐ Addilion	
STREET ADDRESS CITY-ST-ZIP	100 SOUTH OLIVE AVENUE WEST PALM BEACH FL 33401		STREET ADDRESS CITY-SI-ZIP	02/12/0790303040) ** 290.	00	
ING		☐ Delete	me		Change	Addillos	
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CNY-SI-AP				
TITLE NAME		Delete	TITLE NAME		☐ Change	Addilion	
STREET ADDRESS City-St-zip			STREET ADDRESS CITY - ST - ZIP				
TITLE		□ Delete	TITLE		☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			1	
CITY-ST-ZIP			CRY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	
TATLE		☐ Dalete	TITLE NAME		☐ Change	Addition	
STREET ADGRESS			STREET ADDRESS				
C(TY+ST-ZIP		Delicie	CHY-ST-ZIP		Change	Addition	
NAME		_ back	NAME				
STREET ADDRESS CITY-ST-2/P			STREET ADDRESS CITY-ST-ZIP				
12. I heroby indicated of the co	certify that the Information supplied of in this roport of supplemental ropor roporation of the receiver of trustee each, or on an attachment with an apparatus	with this filling does not qualif t is true and accurate and tha impowered to execute this rep ess, with all other like empoy	y for the exemptions contain my signature shall have to cont as required by Chapte vered.	ai .ed in Section 119, Florida Statutes. I further on the same legal effect as if made under cath; that ar 607, Florida Statutes; and that my name appear	ertify that the in I am an officer is in Block 10 o	sformation or director or Block 11	
SIGNAT	/ 70		an R. Saller	_			
SIGNA	SIGNATURE AND TYPED O	R PRINTED NAME OF SICHING OFFICE		Day.	Doytime Phone d		