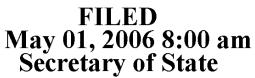
## **2006 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**



DOCUMENT # P05000011100  1. Entity Name SUNSTATE PROPERTY SERVICES, INC.							05-01-2006 90	<b>9</b> 9424 002	***158.	75
Principal Place of Business 3998 FAU BOULEVARD, SUITE 300 BOCA RATON, FL 33431			Mailing Address 3998 FAU BOULEVARD, SUITE 300 BOCA RATON, FL 33431		40	076949				
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01132006	Chg-P	CR2E03	4 (11/05)	
City & State			City & State		4. FEI Number <b>96</b>	-//2-8	142	·	plied For Applicable	
Zip -	Zip Country		Zip	Country		5. Certificate o	f Status Desired		8.75 Add ee Required	
	6. Name	and Address of Current R	7. Name and Address of New Registered Agent Name							
YORK, JAMES F 3998 FAU BOULEVARD, SUITE 300						P.O. Box Number	is Not Acceptable)			
BOCA RA	TON, FL 3	33431			·					
					City			FL	Zip Code	e
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 printeg name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
		FEE IS \$150.00 5 Fee will be \$550.0		.00 May Be led to Fees						
10.		OFFICERS AND D		11.		ADDITIONS/C	HANGES TO OFFI			
NAME STREET ADDRESS CITY-ST-ZIP			□ Defete						□ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1	i i				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	СПУ	E ET ADDRESS -ST-ZIP				☐ Change	Addition
12. Thereby 6	certify that the	e information supplied with t	this filing does not qualify t	or the ex-	emptions contained	d in Chapter 119,	Florida Statutes, I I	urther certif	y that the ir	nformation

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 recover of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachaged with an address, with all other like empowered.