

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000042439

FILED  
Jan 08, 2006  
Secretary of State

Entity Name: OUTDOOR LIFESTYLE PROPERTIES, INC.

## Current Principal Place of Business:

397 LOLLY LANE  
JACKSONVILLE, FL 32259

## New Principal Place of Business:

## Current Mailing Address:

397 LOLLY LANE  
JACKSONVILLE, FL 32259

## New Mailing Address:

FEI Number: 20-2638869

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CRABTREE, R.R.  
8777 SAN JOSE BLVD  
JACKSONVILLE, FL 32217 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ROSENBLUM, SHELDON ROBERT JR  
Address: 397 LOLLY LANE  
City-St-Zip: JACKSONVILLE, FL 32259VD SA

Title: VD ( ) Delete  
Name: SAWYER, MARK  
Address: 2919 POST ST  
City-St-Zip: JACKSONVILLE, FL 32207

Title: STD ( ) Delete  
Name: FONTAINE, C. LAMAR  
Address: 397 LOLLY LANE  
City-St-Zip: JACKSONVILLE, FL 32259

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ROSENBLUM, SHELDON ROBERT JR  
Address: 7320 OAKMONT CT.  
City-St-Zip: PONTE VEDRA, FL 32082

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAMAR FONTAINE

D

01/08/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date