2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 12, 2006 8:00 am Secretary of State 04-28-2006 90202 017 ***150.00

MAMI, FL 33129 A FEI Number A FEI Number Chy & State A FEI Number C. Name and Address of Durbring S. Canticles of Strots Desired S. Canticles of County of Strots Desired S. Canti	DOCUMENT # P05000070349 1. Entity Name TERRAZAS RIVERPARK MANAGEMENT CORP.												
Suite, Apt. P. etc. Suite, Apt. P. etc. Suite, Apt. P. etc. D2282006 Chg-P CR2E034 (11/05) Applied For	Principal Place of Business 2600 SW 3RD AVE STE 700 MIAMI, FL 33129				2600 SW 3RD AVE STE 700			66018591					
City & State Cry & State Country Coun	2. Principal Pl	ace of Busin	055	3.	3. Mailing Address			-					
ZD Country ZD Country ZD Country S. Certificate of Source Desired S. 15. Additional First Requirement To Management Set 15. Source Additional First Requirement First Requirem	Suite, Apt. i	#, etc.			Suite, Apt. #, etc.			02282006	Chg-P	CR2E03	4 (11/05)		
The Name and Address of Current Registered Agent ARAN, FERNANDO S ESQ 710 S DIXIE HWY CORAL GABLES, FL 33146 Street Address (P.C. Box Number is Not Acceptable) C4y FL Zip Code 8. The above named antity submite this statement for the purpose of changing its registered office or registered agent, or both, in the State of Borde, iam terminar with, and acceptable the obligations of registered agent. SIGNATURE SI	City & State	•			City & State			4. FEI Numb	"_49AC	087		·	
ARAN, FERNANDO S ESO 710 S DOILE HWY CORAL GABLES, FL 33146 City FL Zip Code	Zip					Country		_1		<u> </u>	ee Require		
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int Review IRS Form SS-4 EIN

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Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service	government agencies	partnerships, trusts, estate tities, certain individuals, a line. • Keep a copy for	EIN 20-4996089 OMB No. 1545-0003			
1* Legal name of entity (or i Terrazas Riverpark Mar	individual) for whom the EIN is being	g requested				
	if different from name on line 1)		3 Executor, trustee, "car	e of name		
	apt., suite no. and street, or P.O. bo	ox)	5a Street address (if diff	erent) (Do not enter a	P.O. box)	
2600 SW 3rd Avenue S 4b* City, state, and ZIP cod			5b City, state, and ZIP of	ode		
	principal business is located		<u> </u>	· · · · · · · · · · · · · · · · · · ·	·	
	r, general partner, grantor, owner, o	or trustor	7b* SSN, ITIN, EIN			
Miguel Angel Barbagall 8a* Type of entity (check or			768-01-1543 ate (SSN of decedent)		<u> </u>	
Sole Proprietor (SSN) Partnership	·	□ Trus	n administrator (SSN) st (SSN of grantor)	حد سياني پسو		
☑ Corporation (enter form r ☐ Personal Service ☐ Church or church-control ☐ Other nonprofit organizat ☐ Other (specify) ►	lled organization	□ Fan □ REI	ional Guard mers' cooperative MIC Exemption No. (GEN)	State/local governing Federal governing Indian tribal go	ment/military	orises
8b* If a corporation, name to (if applicable) where incorpo		State FL		Foreign countr	у	
9* Reason for applying (che ✓ Started new business (sp ► Real Estate ☐ Hired employees (Check ☐ Compliance with IRS with	ecify type) the box and see line 12)		Banking purpose (specify Changed type of organiza Purchased going busines Created a trust (specify ty Created a pension plan (s	ition (specify new type s pe) •) ▶	
Other (specify) > 10* Date business started o	or acquired (month, day, year)		11" Closing month of ac	counting year		
MAY 12 2005 12 First date wages or annu	uities were paid or will be paid (mont	th, day, year) N	DEC ote:If applicant is a withho	lding agent, enter date		
13 Highest number of emplo	onresident alien. (month, day, year) byees expected in the next twelve me employees during the period, enter	nonths Note:/f th	e applicant	Agriculture	Household	Other
14* Check box that best des ☐ Construction ☐ Re ☑ Real estate ☐ M. ☐ Other (specify)	scribes the principal activity of your	business tion & warehous insurance	Health care & Grant Gran	on & food service	Wholesale-	l agent/broker other
Real Estate			<u></u>			
Note if "Yes" please comple						
Tob it you checked "Yes" or Legal name ► Trade name ►	n line 16a, give applicant's legal nam	ne and trade nai	me snown on pnor applica	uon ii ainerent from lin	e ior∠above.	
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Third Designee's name Party Designee Address and ZIP		() - Designee's fa	Designee's fax number (include area code)			
Under penalties of perjury, I declar correct, and complete. Name and title (type or print Signature Not Required		, and to the best o	f my knowledge and belief, it i	(i) -	ephone number (in	-