## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000112562

WALD, BERNARD J

NEW YORK, NY 10005

NEW YORK, NY 10005

( ) Delete

40 WALL STREET

CERESNEY, IAN

40 WALL STREET

Name:

Title:

Name:

Address: City-St-Zip:

Address:

City-St-Zip:

FILED Mar 26, 2009 Secretary of State

**Entity Name:** MANATEE ORANGE GROVE, INC. **Current Principal Place of Business: New Principal Place of Business:** 40 WALL STREET NEW YORK, NY 10005 **Current Mailing Address: New Mailing Address:** C/O BERNARD J. WALD 40 WALL STREET, SUITE 5400 NEW YORK, NY 10005 FEI Number: 20-3541016 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM INC 1200 S PINE ISLAND RD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition WALD, BERNARD J WALD, BERNARD J ESQ. Name: Name: 40 WALL STREET 40 WALL STREET Address: Address: NEW YORK, NY 10005 City-St-Zip: City-St-Zip: NEW YORK, NY 10005 Title: Title: () Delete (X) Change ( ) Addition Name: WALD, BERNARD J Name: WALD, BERNARD J ESQ. 40 WALL STREET 40 WALL STREET Address: Address: NEW YORK, NY 10005 NEW YORK, NY 10005 City-St-Zip: City-St-Zip: Title: (X) Change ( ) Addition ( ) Delete Title: CERESNEY, IAN CERESNEY, IAN ESQ. Name: Name: 40 WALL STREET 40 WALL STREET Address: Address: City-St-Zip: NEW YORK, NY 10005 City-St-Zip: NEW YORK, NY 10005 ( ) Delete Title: Title: (X) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: BERNARD J. WALD P 03/26/2009

WALD, BERNARD J ESQ.

(X) Change ( ) Addition

NEW YORK, NY 10005

CERESNEY, IAN ESQ.

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