## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000094777

City-St-Zip:

Entity Name: ST IVES MANAGEMENT COMPANY

FT LAUDERDALE, FL 33328

FILED Aug 24, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
5985 S. UNIVERSI	TY DR	5985 S. UNIVERSITY D	)R	
# 133 FT. LAUDERDALE	, 33328	# 133 FT. LAUDERDALE, FL	33328	
Current Mailing A	ddress:	New Mailing Address	New Mailing Address:	
5985 S. UNIVERSITY DR # 133		# 133		
FT. LAUDERDALE	, 33328	FT. LAUDERDALE, FL	FT. LAUDERDALE, FL 33328	
FEI Number:	FEI Number Applied For (X)	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Addres	s of Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
WISE, SAMUEL 8670 PASADENA I PEMBROKE PINES				
The above named in the State of Flori	entity submits this statement for the រ da.	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		ent	Date	
	607.193(2)(b), F.S., the corporation did no nancing Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: P Name: WISE, S Address: 5985 S.	()Delete SAMUEL UNIVERSITY DR,# 133	Title: ( Name: Address:	( ) Change ( ) Addition	

City-St-Zip:

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.

SIGNATURE: SAMUEL WISE P 08/24/2009