2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25378

Entity Name: BOVIS LEND LEASE LMB. INC

444 EAST 84TH STREET

NEW YORK, NY

Address: City-St-Zip: FILED Jul 06, 2005 Secretary of State

Littly Name: BOVIS LEND LEASE LINB, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
200 PARK NEW YOR	AVENUE K, NY 10166				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
200 PARK AVENUE NEW YORK, NY 10166		5909 PEACHTREE DU SUITE 500 ATLANTA, GA 30328			
FEI Number:	13-2986742	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
C/O CT CC 1200 SOU ^T PLANTATION	DRATION SYS DRPORATION TH PINE ISLAN ON, FL 33324	SYSTEM ND RD. US			
The above in the State		submits this statement for the pu	urpose of changing its registered	I office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			nt	Date	
		3(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SECY () PORTELA, JOS 200 PARK AVEI NEW YORK, N	NUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CEO () MARCHETTO, F 23 TARRY HILL NEW CITY, NY		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	EVPD () MELSON, MAR	Delete ((ASST.).	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

SIGNATURE: JOSEPH G. PORTELA SECY 07/06/2005