2005 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

Apr 30, 2005 08:00 AM Secretary of State DOCUMENT # P92000006264 1. Entity Name ADLÉR PROPERTIES, INC. Principal Place of Business Mailing Address 1400 NW 107 AVE 1400 NW 107 AVE 5TH FLOOR 5TH FLOOR MIAMI, FL 33172 US MIAMI, FL 33172 CR2E034 (10/03) 02172005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0377665 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEVY, JOEL DO NOT WRITE 1400 NW 107 AVE. 5TH FLOOR IN THIS SPACE MIAMI, FL 33172 8. 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS U00000346965 DPCE TITLE 04/30/05-80097-011 150.00 ADLER, MICHAEL M NAME STREET ADDRESS 1400 NW 107 AVE, 5TH FLOOR CITY-ST-ZIP MIAMI, FL. DEVA TITLE NAME LEVY, JOEL STREET ADDRESS 1400 NW 107 AVE, 5TH FLOOR CITY-ST-ZIP MIAMI, FL DST TITLE NAME ARRIZURIETA, LUIS STREET ADDRESS 1400 NW 107 AVE DO NOT WRITE MIAMI, FL CITY-ST-ZIP AS IN THIS SPACE TITLE ADLER, LINDA K NAME STREET ADDRESS 1400 NW 107 AVE MIAMI, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the Information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment withan address, with all other like empowered.

Executivé Vice President

Joel Levy

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED