


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000059533 1. Entity Name KIMCO PEPPERTREE, INC.	
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Principal Place of Business 3333 NEW HYDE PARK RD SUITE 100 NEW HYDE PK NY 11042	Mailing Address C/O KIMCO DEVELOPMENT CO. P.O. BOX 5020 NEW HYDE PK NY 11042
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MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

4. FEI Number 65-0433600	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324
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7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City FL Zip Code _____

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	VP SCHINDEL, MICHAEL <input type="checkbox"/> Delete
STREET ADDRESS	3333 NEW HYDE PK. RD. 100
CITY-ST-ZIP	NEW HYDE PARK NY 11042
TITLE	D COOPER, MILTON <input type="checkbox"/> Delete
STREET ADDRESS	3333 NEW HYDE PK RD. 100
CITY-ST-ZIP	NEW HYDE PK NY 11042
TITLE	P FLYNN, MIKE <input type="checkbox"/> Delete
STREET ADDRESS	3333 NEW HYDE PARK RD., P.O BOX 5020
CITY-ST-ZIP	NEW HYDE PK NY 11042
TITLE	V PAPPAGALLO, MIKE <input type="checkbox"/> Delete
STREET ADDRESS	3333 NEW HYDE PK. RD. 100
CITY-ST-ZIP	NEW HYDE PK NY 11042
TITLE	T COHEN, GLENN <input type="checkbox"/> Delete
STREET ADDRESS	3333 NEW HYDE PK RD. 100
CITY-ST-ZIP	NEW HYDE PK NY 11042
TITLE	V YARMAK, JOEL I <input type="checkbox"/> Delete
STREET ADDRESS	3333 NEW HYDE PARK RD. 100
CITY-ST-ZIP	NEW HYDE PARK NY 11042

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	U00000136408
CITY-ST-ZIP	04/28/04-80089-024 150.00
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 with an address, with all other like empowered.

SIGNATURE: _____ Date: **4-22-04** Daytime Phone #: **5168699100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR