

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 08:00 AM
Secretary of State

KIMCO/BLUESOAR



| | | | |
|---|---------|---|-------------|
| DOCUMENT # P93000059533 | | 1. Entity Name | |
| KIMCO PEPPERTREE, INC. | | | |
| Principal Place of Business | | Mailing Address | |
| 3333 NEW HYDE PARK RD SUITE 100 NEW HYDE PK NY 11042 | | C/O KIMCO DEVELOPMENT CO. P.O. BOX 5020 NEW HYDE PK NY 11042 | |
| 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 <input type="checkbox"/> Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 | | 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) | |

1st MOORE CR2E034 (10/04)

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|---|--------------------------------------|--|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/> | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | VP <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHINDEL, MICHAEL | NAME | |
| STREET ADDRESS | 3333 NEW HYDE PK. RD. 100 | STREET ADDRESS | |
| CITY-ST-ZIP | NEW HYDE PARK NY 11042 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COOPER, MILTON | NAME | |
| STREET ADDRESS | 3333 NEW HYDE PK RD. 100 | STREET ADDRESS | |
| CITY-ST-ZIP | NEW HYDE PK NY 11042 | CITY-ST-ZIP | |
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FLYNN, MIKE | NAME | |
| STREET ADDRESS | 3333 NEW HYDE PARK RD., P.O BOX 5020 | STREET ADDRESS | |
| CITY-ST-ZIP | NEW HYDE PK NY 11042 | CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PAPPAGALLO, MIKE | NAME | |
| STREET ADDRESS | 3333 NEW HYDE PK. RD. 100 | STREET ADDRESS | |
| CITY-ST-ZIP | NEW HYDE PK NY 11042 | CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COHEN, GLENN | NAME | |
| STREET ADDRESS | 3333 NEW HYDE PK RD. 100 | STREET ADDRESS | |
| CITY-ST-ZIP | NEW HYDE PK NY 11042 | CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YARMAK, JOEL I | NAME | |
| STREET ADDRESS | 3333 NEW HYDE PARK RD. 100 | STREET ADDRESS | |
| CITY-ST-ZIP | NEW HYDE PARK NY 11042 | CITY-ST-ZIP | |

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05/02/05-80002-025-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** 4-20-05 **Daytime Phone #:** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR