
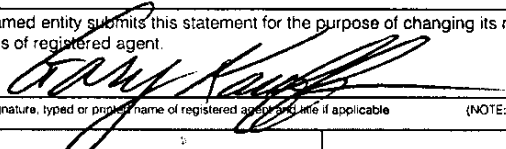



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90446 035 ***150.00

| | | | | | |
|--|---|---|--|---|--|
| DOCUMENT # P95000091633 1. Entity Name KAUFFMAN PROPERTIES CORPORATION-ONE | | | |  | |
| Principal Place of Business 455 LONGBOAT KEY ROAD, #PH-4 LONGBOAT KEY, FL 34228 | | | Mailing Address 711 S OSPREY AVENUE SUITE 1 SARASOTA, FL 34236 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0635590 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KAUFFMAN, MARK S 455 LONGBOAT KEY ROAD, #PH-4 LONGBOAT KEY, FL 34228 | | | 7. Name and Address of New Registered Agent Name KAUFFMAN, GARY ESQ. Street Address (P.O. Box Number is Not Acceptable) 1990 MAIN ST, STB 700 City SARASOTA FL Zip Code 34236 | | |
| 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 _____ <small>Signature, typed or printed name of registered agent, and date if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D KAUFFMAN, MARK S <input type="checkbox"/> Delete 455 LONGBOAT KEY ROAD, #PH-4 LONGBOAT KEY, FL 34228 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D KAUFFMAN, IRENE E <input type="checkbox"/> Delete 455 LONGBOAT KEY ROAD, #PH-4 LONGBOAT KEY, FL 34228 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  | | | 4/20/07 941-383-3220 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |