## FILED Apr 25, 2008 8:00 am Secretary of State

ANNUAL REPORT	N
DOOLULENT 1/ DOCCOCCOCACT	_

DOCUMENT # P96000033127  1. Entity Name SUNBELT INVESTMENT PROPERTIES, INC.						04-25-2008 9	90133 0	31 ***150	0.00	
Principal Plac 3200 S. AND 104 FORT LAUDE	REWS AVE		Mailing Address 1600 SE 9ST FORT LAUDERDALE, FL	33316	i US				81    <b>160</b>    <b>160</b>	
,		ness - No P.O. Box #	3. Mailing Address 32005A Suite, Apt. #, etc.	Air Air	eusAve			-,		
Suite, Apt. #, etc.  City & State		Ft Laude City & State	ale	04162008 Chg-P CR2E034 (12/06)  4. FEI Number Applied F			plied For			
Žip			7 Coun		65-0666800		6800		Noi \$8.75 Addi	t Applicable
		, , ,	33316	Ü	(5A_	<u> </u>	of Status Desired		Fee Required	
	6. Name and Address of Current Registered Agent				Name	7. Name and	d Address of New Re	gistered A	gent	
SCHWARTZ, NORMAN 3200 S. ANDREWS AVE #104 FORT LAUDERDALE, FL 33316				Street Address (P.O. Box Number is Not Acceptable)						
			12		City			FL	Zip Code	
8. The above the obligat	named entit	y submits this statement for fered agent.	the purpose of changing its	register	ed office or registe	ered agent, or bo	oth, in the State of Flo	rida. I am f	amiliar with, a	and accept
SIGNATURE		nere II	let !							i
SIGIVATORE	Signature, typed	or printed name of registered agent a	and title if applicable. (NOTE	: Registere	d Agent signature require	ed when reinstating)	1	DATE		
		FEE IS \$150.00 8 Fee will be \$550.0	9. Election Campai Trust Fund Contr			5.00 May Be ded to Fees				
10.	1	OFFICERS AND I		11.		ADDITIONS	/CHANGES TO OFFI	CERS AND		
TITLE NAME	D ROBBIE,	RICHARD J	☐ Delete	TITLE	I				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	3200 S. ANDREWS AVE #104 STRI				ET ADORESS - ST- ZIP					
FITLE	FORTLA	UDERDALE, FL 33316	☐ Delete	TITLE					☐ Change	Addition
NAME				NAM	<b>I</b>				_ "	_
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TIFLE			☐ Delete	TITL	-				☐ Change	Addition
NAME STREET ADORESS	1			MAM	ie Eet address					
CITY-ST-ZIP					-ST-ZIP					<u>.</u>
12. I hereby certify that the information supplied with this filling 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 truestee 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 likes the product.										
SIGNATURE: ////////////////////////////////////										