


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # P97000024356	
1. Entity Name KIMCO CARROLLWOOD 664, INC.	

Principal Place of Business 3333 NEW HYDE PARK ROAD SUITE 100 NEW HYDE PARK NY 11042-0020	Mailing Address 3333 NEW HYDE PARK ROAD SUITE 100 NEW HYDE PARK NY 11042-0020
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 65-0737809		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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLYNN, MICHAEL			NAME	U00000136456		
STREET ADDRESS	3333 NEW HYDE PARK ROAD			STREET ADDRESS	04/28/04-80091-016 150.00		
CITY-ST-ZIP	NEW HYDE PARK NY 11042-0020			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 PARK ROAD			STREET ADDRESS			
CITY-ST-ZIP	NEW HYDE PARK NY 11042-0020			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHINDLER, MICHAEL			NAME			
STREET ADDRESS	3333 NEW HYDE PARK ROAD			STREET ADDRESS			
CITY-ST-ZIP	NEW HYDE PARK NY 11042-0020			CITY-ST-ZIP			
TITLE	CFO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAPPAGALLO, MIKE			NAME			
STREET ADDRESS	3333 NEW HYDE PARK ROAD			STREET ADDRESS			
CITY-ST-ZIP	NEW HYDE PARK NY 11042-0020			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAUDERER, BRUCE			NAME			
STREET ADDRESS	3333 NEW HYDE PARK ROAD			STREET ADDRESS			
CITY-ST-ZIP	NEW HYDE PARK NY 11042-0020			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 ROAD			STREET ADDRESS			
CITY-ST-ZIP	NEW HYDE PARK NY 11042-0020			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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-04

516-869-0000