2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000039460

1. Entity Name

SELIGMAN FAMILY INVESTMENTS, INC.

FILED Mar 29, 2005 08:00 AM Secretary of State

Principal Place of Business 469 WOLDUNN CIR. LAKE MARY, FL 32746 Mailing Address PO BOX 952948 LAKE MARY, FL 32795-2948



DO NOT WRITE IN THIS SPACE

01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0762584 Applied For
Not Applicable

5. Certificate of Status Desired Sa.75 Additional Fee Required

5. Name and Address of Current Registered Agent

ASARCH, STEVEN J 1900 N.W. CORPORATE BLVD. SUITE 400 EAST BOCA RATON, FL 33431-8512

DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing \$5.00 Trust Fund Contribution		\$5.00 May Be Added to Fees	U00000279895 03/29/05-80018-008 150.00
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SELIGMAN, HARRY L P.O. BOX 952948 LAKE MARY, FL 327952948	•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SOLOMON, ALLAN B 2200 NW CORPORATE BLVD #310 BOCA RATON, FL 33431				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE 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 eath; 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					

ED NAME OF SIGNING OFFICER OF DIRECTOR