## \*2005 FOR PROFIT CORPORATION ANNUAL REPORT

## May 03, 2005 8:00 an Secretary of State DOCUMENT # P97000066699 1. Entity Name 05-03-2005 90127 025 \*\*\*150.00 FLINSTONE PROPERTIES INC. Principal Place of Business Mailing Address 200 S BISCAYNE BLVD C/O LOEB, BLOCK & PARTNERS 14015748 505 PARK AVENUE, 9TH FLOOR **SUITE 4750** NEW YORK, NY 10022 MIAMI, FL 33131 3. Mailing Address 2. Principal Place of Business Corporation Service Company Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P CR2E034 (10/03) 04082005 1201 Hays Street Applied For City & State 4. FEI Number City & State Tallahessee, FL 13-3975205 Not Applicat Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32301 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SOUTH FLORIDA RESIDENT AGENTS, INC Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street 200 S BISCAYNE BLVD **SUITE 4750** MIAMI, FL 33131 City Tallahessee Zip Code 32301 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 acceptable to the state of Florida. the obligations of registered agent. Laura R. Dunlap 8/4/05 as its agent K.D. Signature, typed or printed name of registered agen de il applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Change ☐ Additi Delete TITLE TITLE NAME SELZER, HERBERT M NAME STREET ADDRESS 505 PARK AVE 9TH FLOOR STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10022 CITY-ST-ZIP Delete TITLE ☐ Change Additi TITLE NAME BERKE, HOWARD NAME STREET ADDRESS 505 PARK AVE 9TH FLOOR STREET ADDRESS ÇÎTY-ST-ZIP NEW YORK, NY 10022 CITY-ST-ZIP ☐ Change ■ Additi ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Additi Additi Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addili TITLE" NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Additi ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. It 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 suppliemental 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment virtual and director of the corporation of the receiver of trustees. With all other like empowered.

SIGNATURE:

Herbert M. Selzer

4/25/05

**FILED**