

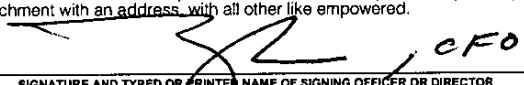


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90082 029 \*\*\*158.75

<b>DOCUMENT # P97000093012</b> 1. Entity Name <b>STREICHER REALTY, INC.</b>					
Principal Place of Business <b>800 W. CYPRESS CREEK RD., STE. 580 FT. LAUDERDALE, FL 33309</b>			Mailing Address <b>800 W. CYPRESS CREEK RD., STE. 580 FT. LAUDERDALE, FL 33309</b>		
2. Principal Place of Business <b>200 W. Cypress Creek Road</b> Suite, Apt. #, etc. <b>SUITE 400</b> City & State <b>FT. LAUDERDALE, FL</b> Zip <b>33309-2175</b>		3. Mailing Address <b>200 W. Cypress Creek Road</b> Suite, Apt. #, etc. <b>SUITE 400</b> City & State <b>FT. LAUDERDALE, FL</b> Zip <b>33309-2175</b>		<div style="font-size: 24px; font-weight: bold;">40053296</div> 	
Country <b>USA</b>		Country <b>USA</b>		03312006    Chg-P    CR2E034 (11/05)	
4. FEI Number <b>65-0797838</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="float: right;"> <b>FL</b>    Zip Code         </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD GATHRIGHT, RICHARD E 800 W. CYPRESS CREEK RD., STE. 580 FT. LAUDERDALE, FL 33309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC 200 W. Cypress Creek Rd, Suite 400 FT. LAUDERDALE, FL 33309-2175	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD SHORE, MICHAEL S 800 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD 200 W. Cypress Creek Rd, Suite 400 FT. LAUDERDALE, FL 33309-2175	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICOW, ROBERT S 800 W. CYPRESS CREEK RD., STE. 580 FT. LAUDERDALE, FL 33309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200 W. Cypress Creek Rd, Suite 400 FT. LAUDERDALE, FL 33309-2175	<input checked="" 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	S LOUISE LUNGARD 200 W. Cypress Creek Rd, Suite 400 FT. LAUDERDALE, FL 33309-2175	<input type="checkbox"/> Change <input checked="" 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
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:  CFO			Date: <b>4/7/06</b> Daytime Phone #: <b>954 308 4200</b>		