FILED
Apr 27, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000093628

1. Entity Name
G.P. LANTANA SQUARE SHOPPING CENTER, INC.

Principal Place of Business	Mailing Address
C/O SOUTHEAST PROPERTIES 1645 SE 3RD COURT, SUITE 200 DEERFIELD BEACH, FL 33341 US	C/O SOUTHEAST PROPERTIES 1645 SE 3RD COURT, SUITE 200 DEERFIELD BEACH, FL 33341 US

02022005 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0790697
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GEISERMAN, MARC J
1645 SE 3RD CT
STE 200
DEERFIELD BEACH, FL 33341

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GEISERMAN, MARC J
STREET ADDRESS	1645 SE 3RD CT STE 200
CITY-ST-ZIP	DEERFIELD BEACH, FL 33341
TITLE	VSTD
NAME	GEISERMAN, ROBERT
STREET ADDRESS	1645 SE 3RD CT STE 200
CITY-ST-ZIP	DEERFIELD BEACH, FL 33341
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Robert Geiserman 4.22.05 954.420.1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #