


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90307 039 ***150.00

DOCUMENT # P97000104019

1. Entity Name
PASADENA AT DILLMAN FARMS, INC.



Principal Place of Business Mailing Address

1000 N. HIATUS ROAD 1000 N. HIATUS ROAD
 SUITE 100 SUITE 100
 PEMBROKE PINES, FL 33026 US PEMBROKE PINES, FL 33026 US

50019486



2. Principal Place of Business 3. Mailing Address

400 NORTH PINE ISLAND RD 400 NORTH PINE ISLAND RD

Suite, Apt. #, etc. Suite, Apt. #, etc.

300 300

City & State City & State

PLANTATION, FL PLANTATION, FL

Zip Country Zip Country

33324 U.S.A 33324 U.S.A

04172006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For

65-0797977 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERGER, ADOLPH
 1000 N. HIATUS RD STE 100
 PEMBROKE PINES, FL 33026

7. Name and Address of New Registered Agent

Name **BERGER, ADOLPH**

Street Address (P.O. Box Number is Not Acceptable)

400 NORTH PINE ISLAND RD #300

City **PLANTATION** State **FL** Zip Code **33324**

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VPST	<input type="checkbox"/> Delete
NAME	BERGER, ADOLPH J	
STREET ADDRESS	1000 N. HIATUS RD., SUITE 100	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	MILLER, LEONARD	
STREET ADDRESS	1000 N. HIATUS RD, SUITE 100	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
TITLE	P	<input type="checkbox"/> Delete
NAME	MILLER, ROBERT	
STREET ADDRESS	1000 N. HIATUS RD, SUITE 100	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGER, ADOLPH J	
STREET ADDRESS	400 NORTH PINE ISLAND RD SUITE 300	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	VPAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, LEONARD	
STREET ADDRESS	400 N. PINE ISLAND RD SUITE 300	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ROBERT	
STREET ADDRESS	400 N. PINE ISLAND RD SUITE: 300	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Leonard Miller Date: 4/26/06 Daytime Phone #: 934 431-6100

LEONARD MILLER VP