


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90090 027 ***150.00

DOCUMENT # P97000104440	
1. Entity Name OFFICE PAVILION SOUTH FLORIDA, INC.	

Principal Place of Business 3521 ENTARPRISE WAY MIRAMAR, FL 33025 US	Mailing Address C/O HERMAN MILLER, INC 855 E MAIN AVENUE MS0110 ZEELAND, MI 49464 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

40056274

03242005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0799515	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GALLAGHER JR, ROBERT E STEARNS WEAVER MILLER, ET AL 150 WEST FLAGLER STREET SUITE #2200 MIAMI, FL 33130	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P GREENWALD, JOHN 2016 SELVA MADERA CT. ATLANTIC BEACH, FL 32233 <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	DS CHRISTENSON, JAMES 915 SAN JOSE DRIVE EAST GRAND RAPIDS, MI 49506 <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	T HOFMEYER, ROBYN 174 BAY CIRCLE DR. HOLLAND, MI 49424 <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	AT DOBRESKI, ROBERT 1136 GODDWOOD COURT HOLLAND, MI 49424 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition AT Loan, Matthew 7365 Felch Street Zeeland, MI 49464
TITLE NAME STREET ADDRESS CITY-ST- ZIP	S CHRISTENSON, JAMES E 915 SAN JOSE DRIVE EAST GRAND RAPIDS, MI 49506 <input checked="" 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	AT DOBRESKI, ROBERT 1136 GOODWOOD COURT HOLLAND, MI 49424 <input checked="" 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 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: Matthew S. Loan **Matthew S. Loan** 4/7/05 (616) 654-8682

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #