

2005 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90085 035 ***150.00

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DOCUMENT # P98000028661			
1. Entity Name BANKATLANTIC BANCORP PARTNERS, INC.			
Principal Place of Business 1760 E SUNRISE BLVD FORT LAUDERDALE, FL 33304		Mailing Address 1760 E SUNRISE BLVD FORT LAUDERDALE, FL 33304	
2. Principal Place of Business 2100 West Cypress Creek Rd.		3. Mailing Address 2100 West Cypress Creek Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL	
Zip 33309	Country	Zip 33309	Country
4. FEI Number 65-0830959		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAUGHERTY, ST. JOHN 4760 E SUNRISE BLVD FORT LAUDERDALE, FL 33304		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2100 West Cypress Creek Road City Fort Lauderdale FL 33309	
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 <u><i>St. John Daugherty</i></u> St. John Daugherty <u>4/26/05</u> DATE Signature is typed or printed name of registered agent and title is acceptable. (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ABDO, JOHN E 4760 EAST SUNRISE BLVD FT. LAUDERDALE, FL 33304	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAUGHERTY, ST. JOHN 1760 EAST SUNRISE BLVD FORT LAUDERDALE, FL 33304	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVAN, ALAN B 4760 EAST SUNRISE BLVD FORT LAUDERDALE, FL 33304	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ 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: <u><i>St. John Daugherty</i></u> St. John Daugherty <u>4/26/05</u> 954-760-5000		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Secretary	