
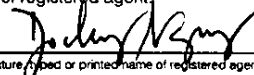
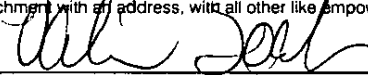


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90817 002 \*\*\*150.00

<b>DOCUMENT # P98000028661</b>					
1. Entity Name <b>BANKATLANTIC BANCORP PARTNERS, INC.</b>					
Principal Place of Business <b>2100 W CYPRES CREEK RD FORT LAUDERDALE, FL 33309</b>			Mailing Address <b>2100 W CYPRES CREEK RD FORT LAUDERDALE, FL 33309</b>		
2. Principal Place of Business - No P.O. Box # <b>2100 West Cypress Creek Rd.</b>		3. Mailing Address <b>2100 West Cypress Creek Rd.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0830959</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WHITE, JAMES A 2100 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309</b>			7. Name and Address of New Registered Agent		
			Name <b>Nguyen, Doquyen T.</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>2100 West Cypress Creek Road</b>		
			City <b>Fort Lauderdale</b> <b>FL</b> Zip Code <b>33309</b>		
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 		<b>DoQuyen T. Nguyen</b>		DATE <b>4/26/2007</b>	
Signature typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when restateing)			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ABDO, JOHN E</b>	NAME			
STREET ADDRESS	<b>2100 W CYPRESS CREEK RD</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33309</b>	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>DRAPOS, LINDA M</b>	NAME			
STREET ADDRESS	<b>2100 WEST CYPRESS CREEK RD</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33309</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>LEVAN, ALAN B</b>	NAME			
STREET ADDRESS	<b>2100 W CYPRESS CREEK RD</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33309</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	VPT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	<b>Toalson, Valerie C.</b>		
STREET ADDRESS		STREET ADDRESS	<b>2100 West Cypress Creek Road</b>		
CITY-ST-ZIP		CITY-ST-ZIP	<b>Fort Lauderdale, FL 33309</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: 		<b>Valerie C. Toalson, Vice Pres.</b>		DATE <b>4/27/07</b> DAYTIME PHONE # <b>954-940-5000</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	