## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 18, 2005 08:00 AM Secretary of State

ANNUAL REPURI				Secretary of State
DOCUMENT # P98000049167  1. Entity Name CTTT SAWGRASS MILLS, INC.				Secretary of State
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	e of Business ST, SUITE 203 3133	Mailing Address 3250 MARY ST, SUITE 2 MIAMI, FL 33133	203	
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	Place of Business	3. Mailing Address	a same	
Suite, Apt.		Suite, Apt. #, etc.		03222005 Chg-P CR2E034 (10/03)
Uity & Stat	le .	City & State		4. FEI Number Applied For 65-0862842 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registered Agent
Name				
STEARNS WEAVER MILLER WEISSLER, ET AL C/O RICHARD E. SCHATZ 1550 W FLAGLER ST., STE 2200		Street Address	(P.O. Box Number is Not Acceptable)	
MIAMI, FL				
	;		City	FL Zip Code
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 obfigations of registered agent.				
SIGNATURE				
	Signature, typed or printed name of registered age	ort and title if applicable. (NOTE.	Registered Agent signature require	d when reinstaling) DATE
FILE NOWILL FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees				
10.	OFFICERS AN	D DIRECTORS	T 11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WEISER, BRADLEY A		NAME	<u> </u>
*STREET ADDRESS CITY+ST-ZIP	3250 MARY ST, SUITE 203 MIAMI, FL 33133		STREET ADDRESS CITY-SI-ZIP	04/18/05-80054-008 150.00
TITLE	Will district Color	Delete	TUTLE	☐ Change ☐ Addition
NAME			NAME	
STREET AODRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME ethert andress			NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	······································
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			HAME STREET ADDRESS	
CJTY-ST-ZIP			CITY+ST-ZIP	
TITLE NAME	<u> </u>	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	1	☐ Delete	THE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME Street Address	
CITY-SY-ZIP		<u>-                                      </u>	CJTY-ST-ZIP	water at
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this report or supplemental Teport 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 flusted ampowered 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: 1 2/1/2 - (noxite) 3/29/05 (305)46/2228				
SIGHT		R PRINTED NAME OF SIGNING OFFICER O	OR DIRECTOR	Date Daysims Phone #