


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 29 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000054226 1. Entity Name JENSEN TOWN CENTER, INC.	
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Principal Place of Business C/O SOUTHEAST CENTERS 1541 SUNSET DRIVE #300 CORAL GABLES, FL 33143	Mailing Address C/O SOUTHEAST CENTERS 1541 SUNSET DRIVE #300 CORAL GABLES, FL 33143
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02122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0847833	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HIGIER, GERALD M
C/O SOUTHEAST CENTERS
1541 SUNSET DRIVE #300
CORAL GABLES, FL 33143**

DO NOT WRITE IN THIS SPACE

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, 2004 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	
TITLE	D
NAME	HIGIER, GERALD M
STREET ADDRESS	C/O 1541 SUNSET DRIVE #300
CITY - ST - ZIP	CORAL GABLES, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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05/06/04--01019--005 **291.25

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 *Gerald M. Higier* **DATE** 4/14/04 **DAYTIME PHONE #** 305-666-2140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR