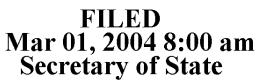
2004 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P98000059530

SIGNATURE:



1. Entity Name SILVER ZELL, INC.				03-01-2004 90058 040 ***150.00
Principal Place of Business 3109 STIRLING ROAD, STE. 200 FORT LAUDERDALE, FL 33312 Mailing Address 3109 STIRLING ROAD, STE. 200 FORT LAUDERDALE, FL 33312				
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02132004 Chg-P CR2E034 (10/03)
City & State		City & State		4. FEI Number Applied For 65-0891495 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent
HOLLANDER, WALTER J 3109 STIRLING ROAD, STE. 200 FORT LAUDERDALE, FL 33312				ss (P.O. Box Number is Not Acceptable)
	ما يو سامعون ، ايي	er man de la Companya de la Company	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 obligations of registered agent.				
SIGNATURE				
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaig Trust Fund Contri		55.00 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	P/T HOLLANDER, WALTER 3109 STIRLING RD #200 FT LAUDERDALE, FL 33312	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S HOLLANDER, DAVID G 3109 STIRLING RD #200 FT LAUDERDALE, FL 33312	☐ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	.i.	·□ Delete - · ·	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby of indicated of the corchanged	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with an address.	n this filing does not qualify for s true and accurate and that m owered to execute this report a win all diner like empowered.	the exemption stated in y signature shall have t as required by Chapter	n Section 119.07(3)(i), Florida Statutes. I further certify that the information he same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if