2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 02, 2006 8:00 am Secretary of State DOCUMENT # P98000094969 05-02-2006 90192 009 ***150 00 1. Entity Name A & P PROPERTIES OF FORT LAUDERDALE, INC. Principal Place of Business Mailing Address OTFELLIN 1 FINANCIAL PLAZA 1 FINANCIAL PLAZA #2001 #2001 FT LAUDERDALE, FL 33394 FT LAUDERDALE, FL 33394 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03062006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For City & State City & State 65-0876829 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MURRAY, DAVID G Street Address (P.O. Box Number is Not Acceptable) 1401 E BROWARD BLVD #200 FORT LAUDERDALE, FL 33301 City 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 tamitiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. President TITLE M Change Addition PD ☐ Delete Michael Hecht NAME TURCHIN, LESLIE S NAME c/o Hecht and Company, 1401 E. BROWARD BLVD. #200 STREET ADDRESS STREET ADDRESS W. 40t York, 40th Street, 20th Floor k, NY 10018 11 FT LAUDERDALE, FL 33301 CITY-ST-ZIP CITY-ST-ZIP V,S,T. Jeffrey Klausner c/o Hecht and Company, Inc. lll W. 40th Street, 20th Floor New York, NY 10018 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - S1- ZIP CHY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TIFLE NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP □ Addition TITLE ☐ Chance Delete 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 impowered 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 apprecia, with all other like empowered.

FILED