2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000106010

FILED Mar 23, 2005 Secretary of State

Entity Na	me: EQUITY O	NE (WALI	DEN WOODS) INC					
Current Principal Place of Business:				New Princ	New Principal Place of Business:			
	MAMI GARDEN IIAMI BEACH, F		US					
Current Mailing Address:				New Mailing Address:				
	MAMI GARDEN NAMI BEACH, F		US					
FEI Number: 65-0887751 FEI Number		Applied For () FEI Number Not A		Dlicable () Certificate of Status Desired ()		ed ()		
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
1201 HAY	ATION SERVIC S STREET SSEE, FL 3230							
	e named entity s e of Florida.	ubmits this	statement for the p	ourpose of changing i	ts registered	office or registered agent,	or both,	
SIGNATU	RE:							
	Electroni	c Signatur	e of Registered Age	ent		Date		
Election Ca	mpaign Financing	Trust Fund	Contribution ().					
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VPD () VALERO, DORO 1690 NE MIAMI NORTH MIAMI B	GARDENS D		Title: Name: Address: City-St-Zip:	VALERO, DO 1690 NE MIA	(X) Change()Addition PRON MI GARDENS DR II BEACH, FL 33179 US		
Title:	PSD ()	Delete		Title:	PS&D	(X) Change () Addition		

City-St-Zip:

KATZMAN, CHAIM Name: Name: 1696 NE MIAMI GARDENS DR 1696 NE MIAMI GARDENS DR Address: Address: NORTH MIAMI BEACH, FL 33179 US NORTH MIAMI BEACH, FL 33179 US City-St-Zip: City-St-Zip: Title: Title: VPT VP&T (X) Change () Addition () Delete Name: SIPZNER, HOWARD Name: SIPZNER, HOWARD 1696 N.E. MIAMI GARDENS DRIVE Address: 1696 N.E. MIAMI GARDENS DRIVE Address: City-St-Zip: NORTH MIAMI BEACH, FL 33179 US City-St-Zip: NORTH MIAMI BEACH, FL 33179 US Title: () Delete Title: VP&S () Change (X) Addition GALLAGHER, ARTHUR L Name: Name: 1696 NE MIAMI GARDENS DRIVE Address: Address: NORTH MIAMI BEACH, FL 33179 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ARTHUR L. GALLAGHER VP&S 03/23/2005