

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000006635

1. Entity Name
880 MANDALAY AVENUE INC.



Principal Place of Business
C/O ING CLARION PARTNERS, 230 PARK AVE.
12TH FLOOR
NEW YORK, NY 10169

Mailing Address
C/O ING CLARION PARTNERS
230 PARK AVENUE, 12TH FLOOR
NEW YORK, NY 10169

FILED
05 APR 29 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

04252005 Chg-P CR2E034 (10/03)

4. FEI Number
13-4046808

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VST	<input type="checkbox"/> Delete
NAME	ZAPPULLA, PETER H	
STREET ADDRESS	C/O CLARION PARTNERS, 230 PARK AVE.	
CITY-ST-ZIP	NEW YORK, NY 10169	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FURNARY, STEPHEN J	
STREET ADDRESS	C/O CLARION PARTNERS, 230 PARK AVE.	
CITY-ST-ZIP	NEW YORK, NY 10169	
TITLE	EVD	<input type="checkbox"/> Delete
NAME	GROSSMAN, CHARLES	
STREET ADDRESS	C/O CLARION PARTNERS, 230 PARK AVE.	
CITY-ST-ZIP	NEW YORK, NY 10169	
TITLE	EVD	<input type="checkbox"/> Delete
NAME	SULLIVAN, FRANK J JR.	
STREET ADDRESS	C/O CLARION PARTNERS, 230 PARK AVE.	
CITY-ST-ZIP	NEW YORK, NY 10169	
TITLE	V	<input type="checkbox"/> Delete
NAME	FREITAS, SHERRY	
STREET ADDRESS	RIVERWOOD 100 BLDG., 3350 RIVERWOOD PKWY.	
CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOWEN, DOUGLAS J	
STREET ADDRESS	C/O CLARION PARTNERS, 230 PARK AVE.	
CITY-ST-ZIP	NEW YORK, NY 10169	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100053040001

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:

Stephen J. Furnary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen J. Furnary

4/25/05

(212) 883-2500

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 344413 4801730

AUTHORIZATION :

COST LIMIT : \$ 150.00

Patricia Pizot

ORDER DATE : April 29, 2005

ORDER TIME : 11:01 AM

ORDER NO. : 344413-005

CUSTOMER NO: 4801730

CUSTOMER: Carol A. Goodman, Legal Asst
Bryan Cave Llp
1290 Avenue Of The Americas
32nd Floor
New York, NY 10104-3300

ANNUAL REPORT FILING

APR 29 2005

NAME: 880 MANDALAY AVENUE INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan-EXT#2955

EXAMINER'S INITIALS: _____

RECEIVED
05 APR 29 PM 12:49
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA