

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000048455

FILED
Feb 13, 2009
Secretary of State

Entity Name: EQUITY ONE (FLORIDA PORTFOLIO) INC.

Current Principal Place of Business:

1600 NE MIAMI GARDENS DR.
NORTH MIAMI BEACH, FL 33179 US

New Principal Place of Business:

Current Mailing Address:

1600 NE MIAMI GARDENS DR.
NORTH MIAMI BEACH, FL 33179 US

New Mailing Address:

FEI Number: 65-0936518 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P&D () Delete
Name: OLSON, JEFFREY S
Address: 1600 NE MIAMI GARDENS DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: VP () Delete
Name: MCDONOUGH, TOM
Address: 9140 IRVINE CENTER DRIVE
City-St-Zip: IRVINE, CA 92618 US

Title: VP&S () Delete
Name: GALLAGHER, ARTHUR L
Address: 1600 NE MIAMI GARDENS DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179 FL

Title: VP&T () Delete
Name: ANDREWS, GREGORY
Address: 1600 NE MIAMI GARDENS DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: VP () Delete
Name: CHOQUETTE, KEN
Address: 1600 NE MIAMI GARDENS DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOD (X) Change () Addition
Name: OLSON, JEFFREY S
Address: 1600 NE MIAMI GARDENS DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPSD (X) Change () Addition
Name: GALLAGHER, ARTHUR L
Address: 1600 NE MIAMI GARDENS DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179 FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Change (X) Addition
Name: CAPUTO, THOMAS
Address: 650 5TH AVENUE
City-St-Zip: NEW YORK, NY 10016 NY

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: ARTHUR L. GALLAGHER

VPS

02/13/2009

Electronic Signature of Signing Officer or Director

_____ Date