2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 28, 2004 08:00 AM **DOCUMENT # P99000078114 Secretary of State** 1. Entity Name CARROLLWOOD COMMONS OUTPARCEL CORP. Principal Place of Business Mailing Address 3333 NEW HYDE PARK RD. 3333 NEW HYDE PARK RD. STE 100 NEW HYDE NY 11042-0020 NEW HYDE NY 11042-0020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Surte. Apt #, etc. CR2E034 (11/03) Applied For 4. FEI Number City & State City & State 59-3600486 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 Zip Code City 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. DATE Signature typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE ☐ Delete TITLE NAME COOPER, MILTON NAME U00000136447 04/28/04-80091-010 150.00 STREET ADDRESS 3333 NEW HYDE PARK RD. STREET ADDRESS CITY-ST-ZIP NEW HYDE NY 11042-0020 CITY-ST-ZIP Change ☐ Addition ۷P ☐ Delete TITLE TIT: F SCHINDLER, MICHAEL NAME STREET ADDRESS 3333 NEW HYDE PARK RD. STREET ADDRESS CITY+ST+ZIP CITY-ST-ZIP NEW HYDE NY 11042-0020 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME FLYNN, MICHAEL J STREET ADDRESS STREET ADDRESS 3333 NEW HYDE PARK RD. CITY -ST - ZIP NEW HYDE NY 11042-0020 CITY - ST - ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE YARMAK, JOEL I MAME NAME 3333 NEW HYDE PARK ROAD STREET ADDRESS STREET ADDRESS CITY - ST - ZIP NEW HYDE PARK NY 11042 CITY-ST-ZIP VΡ Change Addition 🔲 ☐ Delete TITLE TITLE PAPPAGALLO, MIKE NAME NAME 3333 NEW HYDE PARK ROAD STREET ADDRESS STREET ADDRESS NEW HYDE PARK NY 11042 CITY-ST-ZIP CUTY - ST - ZIP Delete ☐ Change ☐ Addition TITLE TITLE COHEN, GLENN NAME NAME 3333 NEW HYDE PARK ROAD STREET ADDRESS STREET ADDRESS NEW HYDE PARK NY 11042 CITY - ST- ZIP CITY-ST-ZIP 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.

FILED