

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000078114

FILED
Apr 23, 2008
Secretary of State

Entity Name: CARROLLWOOD COMMONS OUTPARCEL CORP.

Current Principal Place of Business:

3333 NEW HYDE PARK RD.
STE 100
NEW HYDE, NY 110420020

New Principal Place of Business:

3333 NEW HYDE PARK ROAD
NEW HYDE PARK, NY 11042

Current Mailing Address:

3333 NEW HYDE PARK RD.
STE 100
NEW HYDE, NY 110420020

New Mailing Address:

3333 NEW HYDE PARK ROAD
NEW HYDE PARK, NY 11042

FEI Number: 59-3600486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 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: D () Delete
Name: COOPER, MILTON
Address: 3333 NEW HYDE PARK RD.
City-St-Zip: NEW HYDE, NY 110420020

Title: VP (X) Delete
Name: SCHINDLER, MICHAEL
Address: 3333 NEW HYDE PARK RD.
City-St-Zip: NEW HYDE, NY 110420020

Title: D (X) Delete
Name: FLYNN, MICHAEL J
Address: 3333 NEW HYDE PARK RD.
City-St-Zip: NEW HYDE, NY 110420020

Title: V (X) Delete
Name: YARMAK, JOEL I
Address: 3333 NEW HYDE PARK ROAD
City-St-Zip: NEW HYDE PARK, NY 11042

Title: VP (X) Delete
Name: PAPPAGALLO, MIKE
Address: 3333 NEW HYDE PARK ROAD
City-St-Zip: NEW HYDE PARK, NY 11042

Title: T (X) Delete
Name: COHEN, GLENN
Address: 3333 NEW HYDE PARK ROAD
City-St-Zip: NEW HYDE PARK, NY 11042

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: SIMMONS, WILBUR E
Address: 3333 NEW HYDE PARK ROAD
City-St-Zip: NEW HYDE PARK, NY 11042

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

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

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

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

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

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: CRYSTAL FICKEN

POA

04/23/2008

Electronic Signature of Signing Officer or Director

_____ Date