2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S02787

1. Entity Name
RATTNER WATERFRONT PROPERTIES, INC.

Principal Place of Business	Mailing Address
203 BONNIE BRAE WAY HOLLYWOOD, FL 33021 US	203 BONNIE BRAE WAY HOLLYWOOD, FL 33021 US

DO NOT WRITE IN THIS SPACE

03202006   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0223462		Applied For
		Not Applicable
5. Certificate of Status Desired	☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RATTNER, SHEILA
203 BONNIW BRAE WAY
HOLLYWOOD, FL 33021

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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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

U00000480368
04/10/06-80040-015 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD	
NAME	RATTNER, SHEILA	
STREET ADDRESS	203 BONNIE BRAE WAY	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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CITY-ST-ZIP		

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____   3/21/06   954-298-0374

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #