2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # \$52590

1. Entity Name TEE NO. 2, INC.

Principal Place of Business

200 SOUTH BISCAYNE BLVD.

SIXTH FLOOR MIAMI, FL 33131

Mailing Address

200 SOUTH BISCAYNE BLVD.

SIXTH FLOOR MIAMI, FL 33131 US

FILED May 02, 2005 08:00 AM Secretary of State



| DO | N | TC | WRIT | E IN | THIS | SPA | CE |
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| | | _ | ***** | | | | |

| U | 4212005 | No Crig-P | UNZEU34 (10 | 203) |
|----|------------|-----------|-------------|-------------|
| 4. | FEI Number | | | Applied For |

5. Certificate of Status Desired

65-0284055

Not Applicable \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WEIDER, NORMAN S., ESQ.

DO NOT WRITE

| SUITE 3910 100 S.E. 2ND ST. MIAMI, FL 33131-9112 | | | IN THIS SPACE | | | |
|---|--------------|--|---------------|--------------------------------|--|--|
| The above named entity submits this state obligations of registered agent. SIGNATURE Signature, typed or printed name of registered. Signature, typed or printed name of registered. | , , | | | egistered agent, or bo | oth, in the State of Florida. I am familiar with, and accept | |
| FILE NOW!!! FEE IS \$150 After May 1, 2005 Fee will be | .00 | Election Campaign Finance Trust Fund Contribution. | ing 🗆 | \$5.00 May Be Added to Fees | | |
| TITLE DP LARSSON, HANS STREET ADDRESS VPS BRANT, BARRY C/O BDPB, 200 SOUTH MIAMI, FL 33131 | BISCAYNE BLV | | | | U00000355622 05/04/05-80001-023 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP | | , | | _ | NOT WRITE THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE | | | | | | |

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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 at other like empowered.

SIGNATURE:

SIGNATURE

**SIGNATURE*

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP