

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90055 024 ***150.00

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DOCUMENT # S74887 1. Entity Name CONSOLIDATED MANAGEMENT PROPERTIES, INC.					
Principal Place of Business 501 116TH AVE NORTH SAINT PETERSBURG, FL 33716			Mailing Address 24500 CHAGRIN BLVD. #200 BEACHWOOD, OH 44122		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3079775	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RISMAN, WILLIAM B. 501 116TH AVE NORTH SAINT PETERSBURG, FL 33716			Name Robert G. Risman		
			Street Address (P.O. Box Number is Not Acceptable) 1515 Eden Isle Blvd., N.E.		
			City St. Petersburg		
			FL		Zip Code 33704
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		Robert G. Risman <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CCOB	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RISMAN, ROBERT R.		NAME		
STREET ADDRESS	24500 CHAGRIN BLVD. #200		STREET ADDRESS		
CITY-ST-ZIP	BEACHWOOD, OH 44122		CITY-ST-ZIP		
TITLE	COB	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RISMAN, WILLIAM B.		NAME		
STREET ADDRESS	24500 CHAGRIN BLVD. #200		STREET ADDRESS		
CITY-ST-ZIP	BEACHWOOD, OH 44122		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RISMAN, ROBERT G.		NAME		
STREET ADDRESS	24500 CHAGRIN BLVD. #200		STREET ADDRESS		
CITY-ST-ZIP	BEACHWOOD, OH 44122		CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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.					
SIGNATURE:			Robert G. Risman, President 1/28/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		