


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 08:00 AM
Secretary of State

| | | | | | |
|---|---------------------|---|---|---|-----------------------------------|
| DOCUMENT # P95000014722 | | | |  | |
| 1. Entity Name PATIO PARTNERS, INC. | | | | | |
| Principal Place of Business 250 WORTH AVENUE PALM BEACH FL 33480 | | Mailing Address PO BOX 2528 PALM BEACH FL 33480 | | | |
| 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 65-0559630 | Applied For Not Applicable |
| 6. Name and Address of Current Registered Agent HANDELSMAN, BURTON 250 WORTH AVENUE PALM BEACH FL 33480 | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 7. Name and Address of New Registered Agent | | | | Applied For Not Applicable | |
| Name | | | | Street Address (P O. Box Number is Not Acceptable) | |
| City | | | | FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 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 | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HANDELSMAN, STEVEN | | NAME | | |
| STREET ADDRESS | 18 HOTEL DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | WHITE PLAINS NJ | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | STOCKER, MARSHA | | NAME | | |
| STREET ADDRESS | 5 LOVE LAKE | | STREET ADDRESS | | |
| CITY-ST-ZIP | HARRISON NJ | | CITY-ST-ZIP | | |
| TITLE | AS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HANDELSMAN, BURTON | | NAME | | |
| STREET ADDRESS | 250 WORTH AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | PALM BEACH FL 33480 | | CITY-ST-ZIP | | |
| TITLE | AS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HANDELSMAN, LUCILLE | | NAME | | |
| STREET ADDRESS | 250 WORTH AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | PALM BEACH FL 33480 | | CITY-ST-ZIP | | |
| TITLE | AS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MEASLIP, SANDY | | NAME | | |
| STREET ADDRESS | 3 LOVE LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | HARRISON NY | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |



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 04/04/05-80051-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19 07(3)(f), 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: _____ DATE: 3/23/05 DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR