


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90544 028 ***150.00

DOCUMENT # F95000001563

1. Entity Name
DTR BOSTON HEIGHTS, INC.



Principal Place of Business Mailing Address

9336 CIVIC CENTER DR. **9336 CIVIC CENTER DR.**
BEVERLY HILLS, CA 90210 US **BEVERLY HILLS, CA 90210**

DO NOT WRITE IN THIS SPACE

14007973



04022004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
86-0803673 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HUCKESTEIN, DIETER H
STREET ADDRESS	9336 CIVIC CENTER DR.
CITY-ST-ZIP	BEVERLY HILLS, CA 90210
TITLE	VPAT
NAME	STANDEFER, W. STEVEN
STREET ADDRESS	9336 CIVIC CENTER DR.
CITY-ST-ZIP	BEVERLY HILLS, CA 90210
TITLE	VPS
NAME	SMITH, M. HUE
STREET ADDRESS	9336 CIVIC CENTER DR.
CITY-ST-ZIP	BEVERLY HILLS, CA 90210
TITLE	SVPT
NAME	LAFORGIA, ROBERT M
STREET ADDRESS	9336 CIVIC CENTER DR.
CITY-ST-ZIP	BEVERLY HILLS, CA 90210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  **M. HUE SMITH, III** **4.22.04** **310-278-4321**

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