


FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90120 041 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N98000005118

1. Entity Name
DARDEN DIMES, INC.



Principal Place of Business
 5900 LAKE ELLENOR DRIVE
 ORLANDO, FL 32809

Mailing Address
 POST OFFICE BOX 593330
 ORLANDO, FL 32859-3330

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3525641		Applied For Not Applicable
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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME D BOJALAD, RON STREET ADDRESS 9237 WICKHAM WAY CITY-ST-ZIP ORLANDO, FL 32836	<input type="checkbox"/> Delete	TITLE NAME AT Harrigan, Patrick STREET ADDRESS 6100 Lake Ellenor Drive CITY-ST-ZIP Orlando, FL 32809	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME AT FAISANT, ROBERT F STREET ADDRESS 6100 LAKE ELLENOR DR CITY-ST-ZIP ORLANDO, FL 32809	<input checked="" type="checkbox"/> Delete	TITLE NAME S DEYOUNG, PATTY STREET ADDRESS 6900 LAKE ELLANOR DR CITY-ST-ZIP ORLANDO, FL 32809	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME S DEYOUNG, PATTY STREET ADDRESS 6900 LAKE ELLANOR DR CITY-ST-ZIP ORLANDO, FL 32809	<input type="checkbox"/> Delete	TITLE NAME T HOLDERBACH, RENEE STREET ADDRESS 6100 LAKE ELLENOR DR CITY-ST-ZIP ORLANDO, FL 32809	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME T HOLDERBACH, RENEE STREET ADDRESS 6100 LAKE ELLENOR DR CITY-ST-ZIP ORLANDO, FL 32809	<input type="checkbox"/> Delete	TITLE NAME AT SMITH, SHANNON STREET ADDRESS 6100 LAKE ELLENOR DR CITY-ST-ZIP ORLANDO, FL 32809	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME AT SMITH, SHANNON STREET ADDRESS 6100 LAKE ELLENOR DR CITY-ST-ZIP ORLANDO, FL 32809	<input type="checkbox"/> Delete	TITLE NAME AS WHEATLEY, DIANE STREET ADDRESS 6000 LAKE ELLENOR DR CITY-ST-ZIP ORLANDO, FL 32809	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME AS WHEATLEY, DIANE STREET ADDRESS 6000 LAKE ELLENOR DR CITY-ST-ZIP ORLANDO, FL 32809	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, 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: Patrick Harrigan Patrick Harrigan 3/14/03 407.245.5542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Case Daytime Phone #

CFR2037 (10/02)