


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P14885**  
 1. Entity Name  
 DTM COCONUT GROVE, INC.



Principal Place of Business  
 9336 CIVIC CENTER DR  
 BEVERLY HILLS, CA 90210 US

Mailing Address  
 9336 CIVIC CENTER DR.  
 BEVERLY HILLS, CA 90210

**DO NOT WRITE IN THIS SPACE**



04022004 No Chg-P CR2E034 (10/03)

4. FEI Number 86-0682711	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**

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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 NAME STREET ADDRESS CITY - ST - ZIP	P SHERF, DAVID A 9336 CIVIC CENTER DR BEVERLY HILLS, CA 90210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVPT GARCIA, CARLOS 9336 CIVIC CENTER DR BEVERLY HILLS, CA 90210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS ANDERSON, K. ALLEN 9336 CIVIC CENTER DR BEVERLY HILLS, CA 90210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS SMITH III, M. HUE 9336 CIVIC CENTER DR BEVERLY HILLS, CA 90210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAT MULROY, BRYAN R., JR 755 CROSSOVER LANE MEMPHIS, TN 38117
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAT STANDEFER, STEVEN W 755 CROSSOVER LANE MEMPHIS, TN 38117

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 04/29/04-80021-025 150.00

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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)(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: K. Allen Anderson K. ALLEN ANDERSON 4-21-04 310-378-4321  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #