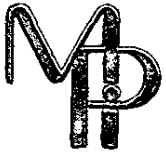


FILED  
Sep 15, 2003 8:00 am  
Secretary of State

09-15-2003 90150 048 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                                                                                  |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # 857103</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                                                                  |         |
| 1. Entity Name<br><b>VERSAILLES-RIVER, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                                                                                  |         |
| Principal Place of Business<br>25 SOUTH CHARLES STREET<br>STE 2100<br>BALTIMORE, MD 21201 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      | Mailing Address<br>25 SOUTH CHARLES STREET<br>STE 2100<br>BALTIMORE, MD 21201 US |         |
| 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<br><b>52-1293023</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      | Applied For<br>Not Applicable                                                    |         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      | \$8.75 Additional<br>Fee Required                                                |         |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                                                                                  |         |
| MATHEWS, LAWRENCE G., JR.<br>850 FIRSTSTATE TOWER<br>256 SOUTH ORANGE AVENUE<br>ORLANDO, FL 32801                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                                                                  |         |
| 7. Name and Address of New Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                                                                                  |         |
| 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: <i>Philip E. Huber</i> (NOTE: Registered Agent's signature required when submitting)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                                                                                  |         |
| DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                                  |         |
| FILE NOW!!! FEE IS \$150.00<br>After May 11, 2003 Fee will be \$550.00<br>Amended UBR is \$61.75<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                  |         |
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                                                                  |         |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                                                                                  |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CD                   | <input type="checkbox"/> Delete                                                  |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MEYERHOFF, HARVEY M. |                                                                                  |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 10 E. LEE ST.        |                                                                                  |         |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | BALTIMORE, MD        |                                                                                  |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PTD                  | <input type="checkbox"/> Delete                                                  |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MEYERHOFF, JOSEPH II |                                                                                  |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4100 MT ZION RD.     |                                                                                  |         |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | UPPERCO, MD          |                                                                                  |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VS                   | <input type="checkbox"/> Delete                                                  |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | HUBER, PHILIP E      |                                                                                  |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3448 ELLICOTT CTR DR |                                                                                  |         |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ELLICOTT CITY, MD    |                                                                                  |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      | <input type="checkbox"/> Delete                                                  |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                                  |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                                  |         |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                                  |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      | <input type="checkbox"/> Delete                                                  |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                                  |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                                  |         |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                                  |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      | <input type="checkbox"/> Delete                                                  |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                                  |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                                  |         |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                                  |         |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                  |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                                  |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                                  |         |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                                  |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                                  |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                                  |         |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                                  |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                                  |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                                  |         |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                                  |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                                  |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                                  |         |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                                  |         |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 another like empowered. |                      |                                                                                  |         |
| SIGNATURE: <i>Philip E. Huber</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                                                                  |         |
| DATE: 9-12-03                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                                                  |         |
| TELEPHONE: 410-727-3200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                  |         |



MAGNA PROPERTIES, INC.

ATTACHMENT  
# 857103

80147987

September 11, 2003

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O.Box 1500  
Tallahassee, FL 32302-1500

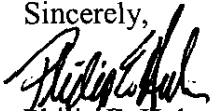
Re: Versailles River, Inc FEI # 52-1293023

Dear Sir/Madam,

As we did not receive form URB for the year 2003, please waive the late fee.  
We have enclosed the original \$150.00 filing fee.

Please call me at 410-727-3200 if you have any questions.

Sincerely,



Philip E. Huber