


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90632 015 ***158.75

DOCUMENT # H08704

1. Entity Name
I.L.E. PROPERTIES, INC.



Principal Place of Business
**3952 MERLIN DR
SUITE 2
KISSIMMEE FL 34741
US**

Mailing Address
**3952 MERLIN DR
SUITE 2
KISSIMMEE FL 34741
US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number **23-2334645**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FISCHER, MARGARET H
3952 MERLIN DRIVE
ST 2
KISSIMMEE FL 34741**

7. Name and Address of New Registered Agent

Name **Corporation Company of Miami
c/o Shutts and Bowen LLP**

Street Address (P.O. Box Number is Not Acceptable)
201 South Biscayne Boulevard

Suite 1500

City **Miami** State **FL** Zip Code **33131**

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 *Catherine Q. Zaccardo* **Catherine Q. Zaccardo, Assistant Secretary** DATE **3/25/03**

Signature, type or print name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FISCHER, LOUIS E.	
STREET ADDRESS	3952 MERLIN DR STE 2	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	PTS	<input type="checkbox"/> Delete
NAME	FISCHER, MARGARET H	
STREET ADDRESS	3952 MERLIN DR STE 2	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Catherine Q. Zaccardo* **SIGNATURE REQUIRED** DATE **04/15/03** DAYTIME PHONE # **407.847.9700**

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

CRE034 (10/02)