2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J00739

1. Entity Name

LEWIS PROPERTY INVESTORS, INC.



Principal Place of Business

2200 SOUTH DIXIE HWY

702-B

COCONUT GROVE, FL 33133-1900 US

Mailing Address

2200 SOUTH DIXIE HWY

702-B

COCONUT GROVE, FL 33133-1900 US



04-02-2004 90038 018 ***150.00

94041525



DO	NOT	WR	ITE	IN	THIS	SPACE

01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2642237

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

S.K.R.L.D., INC. 201 ALHAMBRA CIR STE 1102 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plions of registered agent.	urpose of changing its registere	d office or re	egistered agent, or both	, in the State of Florida. I	am familiar wi	th, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title it	(A)OTT O					<u> </u>
	Signature, typed or printed name of registered agent and title to	rappicable. (NO1E: Registered	Agent signature	required when reinstating)	D/	ATE .	
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 DIREC	TORS			* ***		•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, THOMAS E. 2200 SOUTH DIXIE HWY STE 702-B COCONUT GROVE, FL 331331900						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Sandra Jarrett 516 S. Orleans Tampa FL 33606					·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Jerry D. Jeter 1329 Euclid Ave. #2 Miami Beach, FL 33139		•	DO	NOT WRI	ΤE	కాండ్రామ్ ఎక్కారి
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPAC	CE	e.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	المواد المعادم المعادم						• •
NAME STREET ADDRESS CITY-ST-ZIP				y gaver antone y g	per ev		
12 I bereby	portify that the information appelled with this fill	ion done not qualify for the aven		Lie Centine 440 07/01/0	Florido 60-60-0 16 -00-0		

indicated on this report or 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 ether like empowered.

SIGNATURE: