

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

06 NOV 16 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RSC



DOCUMENT # K67041 1. Entity Name DLR GROUP INC.					
Principal Place of Business 100 EAST PINE STREET SUITE 404 ORLANDO, FL 32801-2761			Mailing Address 400 ESSEX COURT REGENCY PARKWAY OMAHA, NE 68114-3778		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 93-0998113	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fee 200081985642 Added to Fee 11/06--01036--010 **70.00			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEBOEUF, MICHAEL E 100 EAST PINE STREET, SUITE 404 ORLANDO, FL 328012761	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Gregory D. Michel 6225 North 24th Street Suite 250 Phoenix, AZ 85016-2020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEARSALL, BRYCE D 6225 N 24TH STREET STE 250 PHOENIX, AZ 850162020	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAINES, JOSEPH F 400 ESSEX COURT, REGENCY PARKWAY OMAHA, NE 681143778	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WIEDERHOLT, DENNIS L 400 ESSEX COURT, REGENCY PARKWAY OMAHA, NE 681143778	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIBSON, TIMOTHY A 100 EAST PINE STREET, SUITE 404 ORLANDO, FL 328012761	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DAVENPORT, WILLIAM G 9521 WEST 78TH STREET MINNEAPOLIS, MN 553443853	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Joseph F. Haines</i>		Joseph F. Haines		11/08/06 402-393-4100 Date Daytime Phone	