2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 28, 2004 8:00 am Secretary of State 05-28-2004 90287 014 ****50.00

1. Entity Name DTR OF FLORIDA ASSOCIATES, L.I.		
Principal Place of Business 4300 NORTH UNIVERSITY DRIVE, SUITE F-200 LAUDERHILL, FE 39361	Mailing Address 4300 NORTH-HNIVERSITY DRIV	/E, SUITE F-200
2. Principal Place of Business	3. Mailing Address	

Itanidate	Second Business S. Mailing Address Second Business Second Busine	4300 NORTH UNIVERSITY		Mailing Address							
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Zip Country Zip Country 5. Certificate of Status Desired	Country Zip Country 5. Certificate of Status Desired \$5.00 Additional Fee Required \$5.0	andale, FL 330	09 H	ailandaie. FL 3	3009	. Diva. 4.		07			
ROBERTS, NORMAN T SO WEST MASHTA DRIVE, SUITE 4 KEY BISCAYNE, FL 33149 City FL Zip Code City FL Zip Code City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent. SIGNATURE Purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent ag	NORMAN T MASHTA DRIVE, SUITE 4 AYNE, FL 33149 City FL Zip Code In amord 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 accidence of project agent of the flagolacule. Rightsum, typed or prised neme of repaisered agent and the flagolacule. Rightsum, typed or prised neme of repaisered agent and the flagolacule. Rightsum, typed or prised neme of repaisered agent and the flagolacule. Rightsum, typed or prised neme of repaisered agent and the flagolacule. Rightsum, typed or prised neme of repaisered agent and the flagolacule. Rightsum, typed or prised neme of repaisered agent and the flagolacule. Rightsum, typed or prised neme of repaisered agent and the flagolacule. Rightsum, typed or prised neme of repaisered agent and the flagolacule. Rightsum, typed or prised neme of repaisered agent and the flagolacule. Rightsum, typed or prised neme of repaisered agent and the flagolacule. Rightsum, typed or prised neme of repaisered agent and the flagolacule. Rightsum, typed or prised neme of repaisered agent and the flagolacule. Rightsum, typed or prised neme of repaisered agent. Rightsum, typed or prised neme of repaise	Zip				5.	Certificate of S	Status Desired			
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B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, as the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and the if applicable. (NOTE Registered Agent agentative required when reliesting) DATE	Ing Fee is \$50.00 By September 8, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Change Additional Department of State	50 WEST MASHTA D	DRIVE, SUITE 4		Street	Address (P.O.	Box Number is	Not Acceptable	:)		
THE MORE ADDITIONS (Change Mark Mark ANDRIGOA MARKERS ADDITIONS) THE Hallandale, Francisco Agent signature required shear	Signature, hyber or printed name of registered agent and site if applicable. (NOTE Registered Agent signature required when reintating) DATE	į.			City	<u>.</u> -			FL	Zip Code	-
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