2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
04 SEP -3 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MOORE CR2E034 (11/03)

DOCUMENT # L44164

1. Entity Name

D.T. PALM SPRINGS INTER-CONTINENTAL GOLF CENTER,INC.

Principal Place of Business	Mailing Address
C/O STEPHEN J. MITCHELL 201 N FRANKLIN, SUITE 2100 TAMPA FL 33602	C/O STEPHEN J. MITCHELL 201 N FRANKLIN, SUITE 2100 TAMPA FL 33602 US

2. Principal Place of Business	3. Mailing Address
115 S. Main St	115 S. Main St.
Suite, Apt. #, etc.: Suite 300	Suite, Apt. #, etc.: Suite 300
City & State: Royal Oak, MI 48067	City & State: Royal Oak, MI 48067
Zip: Country: USA	Zip: Country: USA

4. FEI Number 59-2988421 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MITCHELL, STEPHEN J.
201 NORTH FRANKLIN STREET
SUITE 2200
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

City: Tallahassee FL Zip Code: 32301

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: _____ Brian Courtney Asst. V. Pres. DATE: 9/2/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST DEYHLE, ROLF PLIENIGNER STRASSE 100 STUTTGART GE	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P Fred Gordon 115 South Main Street, 300 Royal Oak, MI 48067	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS MITCHELL, STEPHEN J 201 N FRANKLIN ST., STE. 2200 TAMPA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/V Kenneth Carey 990 West 190th Street, Suite 100 Torrance, CA 90502	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/V J. Patrick Blew 1526 Cedar Farm Land Road Annapolis, MD 21410	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800041097428 09/15/04--01025--005 **550.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 9/1/04 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone