2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91438 030 ***150.00

DOCUMENT # L52099

1. Entity Name
SANTA FE PROPERTIES, INC.

Principal Place of Business
~~1017 US 301 SOUTH~~
~~TAMPA, FL 33619~~

Mailing Address
1017 US 301 SOUTH
TAMPA, FL 33619

2. Principal Place of Business: 819 S. Kings Ave
Suite, Apt. #, etc.
City & State: Brandon, Fla. 33511
Zip: 33511 Country: US

3. Mailing Address: 819 S. Kings Ave.
Suite, Apt. #, etc.
City & State: Brandon, Fla. 33511
Zip: 33511 Country: US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-2997982 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
DEAN, ALVIN B III
~~308 CAMBRIDGE PLACE~~
~~BRANDON, FL 33511~~

7. Name and Address of New Registered Agent
Name: Dean, Byron
Street Address (P.O. Box Number is Not Acceptable): 819 S. Kings Ave.
City: Brandon. FL Zip Code: 33511

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: [signature] 4/22/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	CPD	☐ Delete
NAME	DEAN, WILLIAM L	
STREET ADDRESS	2502 BEACHWOOD LN	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	VPD	☐ Delete
NAME	DEAN, ALVIN B., III	
STREET ADDRESS	~~308 CAMBRIDGE PLACE~~ 819 S Kings Ave	
CITY-ST-ZIP	~~BRANDON, FL 33511~~ Brandon. Fla. 33511	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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TITLE		☐ Delete
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TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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: [signature] 4/22/03 813-628-4894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Byron Dean