2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003
Secretary of State

DOCUMENT# L95000000803

Entity Name: DESOTO LANES, L.C.

Current Principal Place of Business:

1801 GLENGARY STREET
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

1801 GLENGARY STREET
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 65-0692700 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VORBECK, CHRIS M ESQ.
LAW OFFICE OF CHRIS M. VORBECK, P.A.
1801 GLENGARY STREET
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: VORBECK, MICK
Address: 1801 GLENGARY STREET
City-St-Zip: SARASOTA, FL 34231

Title: MGR ( ) Delete
Name: VORBECK, CHRIS M
Address: 1801 GLENGARY STREET
City-St-Zip: SARASOTA, FL 34231

Title: MEM ( ) Delete
Name: VORBECK, CARY S
Address: 1801 GLENGARY STREET
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: VORBECK, CARY S
Address: 1801 GLENGARY STREET
City-St-Zip: SARASOTA, FL 34231

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICK VORBECK MGR 05/01/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date