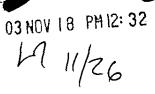
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Name and Mailing Address

0009228 01 AT 0.292 **AUTO T4 0 0615 33605-490513 talladlalladlaaldaldladlaadsaadlallaadl CASA DE NINOS PROPERTIES, L.C. 1213 EAST SIXTH AVE TAMPA FL 33605-4905



2. New Mailing Address City, State, Zip				4. State/Country of Formation FL 5. Date Organized or Qualified To Do Business in Florida 03/19/1997	
City, State, Zip	7. CERTIFIC	7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
DECEMBER, CHRIS 2002 E. 4TH AVENUE TAMPA FL 33605			Name Street Address (P.O. Box N	dress (P.O. Box Number is Not Acceptable)	
			City	FL	Zip Code
Signature o	Agent AE	TURE REQUIR GISTERED AGENT MUST SIGN		Date/ o / 15/e 3	
	s and Street Addresses of Fach Managing Name of Managing		eet Address of Each		
Title(s)	Members/Managers	Mana	ging Member/Manager	City / State / Zip	
MEM	GAINES, STEPHANIE D MQI	Om 3214 W. Jaum	ACON ST.		
MEM	GAINES, RONALD MG	en 1	3214 W_ FAWN ST. TAMPA FL 33628		
MEM	DECEMBER, CHRISTOPHER K	2421 88TH A1	VE., NE	CLYDE HILL WA 98004	
MEM	DECEMBER, STEPHANIE M	2421 88TH A	VE., NE	CLYDE HILL WA 98004	
MEM	ma	en	- `₩.¢r >	MCMURRAY PA 9800	
	REINSTA	CONTRACTOR OF THE STATE OF THE	\Q	0 00241841 8/0301007006	3.5

as if made under oath.

Signature of

Managing Member/Manage

_____ Date 10 15 03