
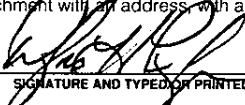


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90073 037 ***150.00

DOCUMENT # M34390 1. Entity Name LANCASTER DEVCORP, INC.					
Principal Place of Business 701 BRICKELL AVENUE SUITE 1400 MIAMI FL 33131				Mailing Address 701 BRICKELL AVENUE SUITE 1400 MIAMI FL 33131	
2. Principal Place of Business 703 Waterford Way		3. Mailing Address 703 Waterford Way			
Suite, Apt. #, etc. Suite 800		Suite, Apt. #, etc. Suite 800			
City & State Miami, FL		City & State Miami, FL			
Zip 33126	Country	Zip 33126	Country	4. FEI Number 59-2691902	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PITTS, W. DOUGLAS 701 BRICKELL AVENUE SUITE 1400 MIAMI FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 703 Waterford Way Suite 800 City Miami FL Zip Code 33126		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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. <input type="checkbox"/> \$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	PD PITTS, W. DOUGLAS 11845 SW 94 CT MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 703 Waterford Way, Suite 800 Miami, FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KURPS, JAMES 701 BRICKELL AVE. #1400 MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 703 Waterford Way, Suite 800 Miami, FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP VASSILAROS, ELIAS 701 BRICKELL AVE. #1400 MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 703 Waterford Way, Suite 800 Miami, FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRIDGEN, DOUGLAS 701 BRICKELL AVE. MIAMI FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 703 Waterford Way, Suite 800 Miami, FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COURTELIS, KIKI L 701 BRICKELL AVE STE 1400 MIAMI FL 33131-2822	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 703 Waterford Way, Suite 800 Miami, FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			Douglas H. Pridden, Treasurer SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date 3/3/04			Daytime Phone # 305-261-4330		