2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000088820

Name:

Address:

City-St-Zip:

3250 MARY STREET #404

COCONUT GROVE, FL 33133

Apr 23, 2004 Secretary of State

Entity Name: RE PARTNERS DAVIE GP, INC. **Current Principal Place of Business: New Principal Place of Business:** 3250 MARY STREET, SUITE 404 COCONUT GROVE, FL 33133 **Current Mailing Address: New Mailing Address:** 3250 MARY STREET, SUITE 404 COCONUT GROVE, FL 33133 FEI Number: 65-1147260 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEYSTROM, WILLIAM DUMAR, ALLSWORTH, CURTIS, CROSS ET AL 1177 SOUTHEAST 3RD AVENUÉ FT. LAUDERDALE, FL 33316 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition GORLOW, ROBERT M Name: Name: 3250 MARY STREET #404 Address: Address: City-St-Zip: COCONUT GROVE, FL 33133 City-St-Zip: Title: Title: () Delete (X) Change () Addition TEMPLETON, TOD A TEMPLETON, TAD A Name: Name: 3250 MARY STREET #404 3250 MARY STREET #404 Address: Address: COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133 City-St-Zip: City-St-Zip: Title: VSD () Delete Title: () Change () Addition AIELLO, JOHN F Name: Name: 3250 MARY STREET #404 Address: Address: City-St-Zip: COCONUT GROVE, FL 33133 City-St-Zip: Title: () Delete Title: () Change () Addition WITMER, SANDRA J

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT M. GORLOW PD 04/23/2004