


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90007 022 ***150.00

DOCUMENT # P03000122653	
1. Entity Name SAN MARINO AT MIROMAR LAKES, INC.	

Principal Place of Business 4770 ALBERTON COURT, SUITE 2620 NAPLES FL 34105	Mailing Address 4770 ALBERTON COURT, SUITE 2620 NAPLES FL 34105
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94024023



MOORE CR2E034 (11/03)

2. Principal Place of Business 4770 Alberton Court Suite, Apt. #, etc. #2602	3. Mailing Address 4770 Alberton Court Suite, Apt. #, etc. #2602
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City & State Naples, Florida	City & State Naples, Florida
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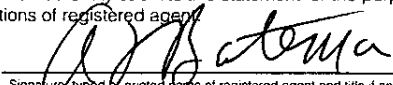
Zip 34105	Country U.S.A.	Zip 34105	Country U.S.A.
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4. FEI Number 20-0363271	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NOVATT, JEFF M 821 FIFTH AVENUE SOUTH SUITE 201 NAPLES FL 34102

7. Name and Address of New Registered Agent Name Bateman, Arthur L. Street Address (P.O. Box Number is Not Acceptable) 4770 Alberton Court #2602 City Naples FL Zip Code 34105
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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 	DATE 2/18/04

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATEMAN, ARTHUR L 4770 ALBERTON COURT, SUITE 2620 NAPLES FL 34105 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DERSCH, JOYCE E 4770 ALBERTON COURT, SUITE 2620 NAPLES FL 34105 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DULANEY, JO ANN 4770 ALBERTON COURT, SUITE 2620 NAPLES FL 34105 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4770 Alberton Court, #2602 Naples, Florida 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4770 Alberton Court, #2602 Naples, Florida 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4770 Alberton Court, #2602 Naples, Florida 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 persons empowered.

SIGNATURE: 	DATE 2/18/04	DAYTIME PHONE # 239.430.1012
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR