FILED Feb 28, 2005 8:00 am Secretary of State 02-28-2005 90190 036 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000095018 1. Entity Name RD FLORIDA NO. 1, INC.							<u> </u>			
Principal Plac 401 CITY LIN BALA CYNWY	IE AVE STE	710	Mailing Address 401 CITY LINE AVE ST BALA CYNWYD, PA 19		1 	RTIH SYRA PRIN ERIN SRYY	CCINI (CIRI ENU COI II INDI) N			
Principal Place of Business Mailing Address										
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			02172005	Chg-P	CR2E034 (10/03)		
City & State			City & State			4. FEI Numbe	- 1611940		oplied For ot Applicable	
Zip	Country		Zip Coun		try		of Status Desired	S8.75 Ad		
	6. Name	and Address of Current	Registered Agent	_	7. Name and Address of New Registered Agent Name					
CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301						(P.O. Box Number	er is Not Acceptable)			
					City		<u></u>	FL Zip Coo	le	
 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 fan the obligations of registered agent. 									, and accept	
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent atgrature required when reinstating) DATE ONOTE: Registered Agent atgrature required when reinstating)										
FILE NOWIII FEE IS \$150,00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 11	
TITLE Name	Richard H. Dilsheimer				: :			Change	Addition	
STREET ADDRESS	works 401 City line Avenue, Swite 710				ET ADDRESS - ST-ZIP					
TITLE	VP15	· · · · · · · · · · · · · · · · · · ·	☐ Delete	mu	:	, ,		☐ Change	☐ Addition	
NAME STREET ADDRESS	a later of the outer and				E ET ADORESS					
CITY-ST-ZIP TITLE	Plassistant Sec Delete				-ST-ZIP			☐ Change	☐ Addition	
NAME STREET ADDRESS	11,011,02 01,131101110				E Et adoress					
CITY-ST-ZIP	Bala		1004		-ST-ZIP					
TITLE NAME	T	v Johnson	☐ Delete	TITLE	I			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	401 Ci	y Johnson ty Line Averve Lynwyd, PA	, Suite 710 9001		et adoress -St-Zip					
TITLE NAME		577.00 4 6 7 7 7 7 7	☐ Delete	TITLE				☐ Change	☐ Addition	
STREET ADORESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP					
TITLE			☐ Delete	TITLE				☐ Change	☐ Addition	
STREET ADDRESS	: 	_			ET ADDRESS					
12. I hereby c	ertify that the	information supplied with	this filing does not qualify fo		-ST-ZIP motion stated in Se	ection 119 07/3V). Florida Statutos 1 fi	urther certify that the it	oformation	
12. I hereby certify that the information supplied with this filling 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 of 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 of the reviewer 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 AND TYPES OF PROTECTS NAME OF SIGNATURE AND TYPES OF PROTECT OR DESECTOR OF DESECTOR DESECTO										