


FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90190 038 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000152998 1. Entity Name RD FLORIDA NO. 3, INC.	
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40023913



Principal Place of Business 401 CITY LINE AVENUE SUITE 710 BALA CYNWYD, PA 19004		Mailing Address 401 CITY LINE AVENUE SUITE 710 BALA CYNWYD, PA 19004	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02172005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1890738	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D/P Richard H. Dilshaimer <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	401 City Line Avenue, Suite 710		NAME		
STREET ADDRESS	Bala Cynwyd, PA 19004		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VP/S <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert A. Dilshaimer		NAME		
STREET ADDRESS	401 City Line Avenue, Suite 710		STREET ADDRESS		
CITY-ST-ZIP	Bala Cynwyd, PA 19004		CITY-ST-ZIP		
TITLE	VP/Assistant Sec. <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas S. Dilshaimer		NAME		
STREET ADDRESS	401 City Line Avenue, Suite 710		STREET ADDRESS		
CITY-ST-ZIP	Bala Cynwyd, PA 19004		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mauvy Johnson		NAME		
STREET ADDRESS	401 City Line Avenue, Suite 710		STREET ADDRESS		
CITY-ST-ZIP	Bala Cynwyd, PA 19004		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 Richard H. Dilshaimer, President **22205** **60617900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #