2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 03, 2004 8:00 am Secretary of State DOCUMENT # P19887 03-03-2004 90010 018 ***158.75 SIZELER REAL ESTATE MANAGEMENT CO., **INCORPORATED** Principal Place of Business Mailing Address 2542 WILLIAMS BLVD. KENNER LA 70062-5596 2542 WILLIAMS BLVD. ATTN: LEGAL DEPT. KENNER LA 70062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 72-1061630 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GART, DAVID A ESQ. Street Address (P.O. Box Number is Not Acceptable) 250 AUSTRALIAN AVENUE SOUTH SUITE 500 WEST PALM BEACH FL 33401 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD Delete TITLE ☐ Change ☐ Addition NAME DAVIDSON, THOMAS S 2542 WILLIAMS BLVD. STREET ADDRESS STREET ADDRESS KENNER LA 70062-5596 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition KENNEDY, TINA NAME NAME 2542 WILLIAMS BLVD STREET ADDRESS STREET ADDRESS KENNED LA 70062 5506 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME CHERAMIE, GUY M" NAME ' STREET ADDRESS 2542 WILLIAMS BLVD. STREET ADDRESS CITY-ST-ZIP KENNER LA 70062-5596 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FILED

Thomas S. Davidson, President 2/3/04 (504) 471-6200 SIGNATURE: Daytime Phone #