2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000065245

1. Entity Name
HANNOVER RE REAL ESTATE HOLDINGS, INC.

Principal Place of Business	Mailing Address
20 NORTH ORANGE AVENUE SUITE 704 ORLANDO, FL 32801 US	20 NORTH ORANGE AVENUE SUITE 704 ORLANDO, FL 32801 US

DO NOT WRITE IN THIS SPACE

04202004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3207180

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRAZIEL, DENNIS D
800 N MAGNOLIA AVENUE
SUITE 1400
ORLANDO, FL 32803

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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
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
After May 1, 2004 Fee will be $550.00

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

U00000131898
04/27/04-80025-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DECKER, RAINER
STREET ADDRESS	KARL WEICHERT ALLEE 57
CITY-ST-ZIP	30625 HANOVER, GE
TITLE	DT
NAME	BRAZIEL, DENNIS D
STREET ADDRESS	800 MAGNOLIA STE 1400
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	DV
NAME	GEORG, DIETMAR
STREET ADDRESS	787 7TH AVENUE SUITE 4600
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	AS
NAME	EIKE, SABINE
STREET ADDRESS	KARL WEICHERT ALLEE 57
CITY-ST-ZIP	HANNOVER, GE 30655
TITLE	S
NAME	WALTERS, MALLORY D
STREET ADDRESS	800 N MAGNOLIA AVE STE 1400
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: D. Mallory Walters D. Mallory Walters 4/21/04 407-254-5754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #