


05-01-2003 90312 036 \*\*\*158.75

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

20037365

<b>DOCUMENT #</b> 1. Entity Name <i>LENNON AUSTIN PROPERTY MANAGEMENT</i> <i>12 96000059307</i>	
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**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> <i>2545 NW 75 ST</i> Suite, Apt. #, etc.	<b>3. Mailing Address</b> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <i>MIAMI FL</i>	City & State	<b>4. FEI Number</b> <i>65-0681676</i>	Applied For Not Applicable
Zip <i>33147</i>	Country <i>DADE</i>	Zip	Country
		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
Name <i>DAVE AUSTIN</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>2545 N.W. 75 ST</i>	
City <i>MIAMI</i>	State <i>FL</i>
	Zip Code <i>33147</i>

**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 *[Signature]* DATE *4-23-03*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State.</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PRESIDENT	DAVE L. AUSTIN	2545 N.W. 75 ST	MIAMI, FL 33147
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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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)(l), 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 on an attachment with an address, with all other like empowered.**

SIGNATURE: *[Signature]* DATE *4-23-03* / (305) 904-3301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)