2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000090204

1. Entity Name

NLS COMMUNITIES BUILDING & DESIGN, INC.



Principal Place of Business

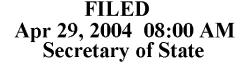
5000 T-REX AVE

SUITE 150 BOCA RATON, FL 33431 Mailing Address

5000 T-REX AVE

SUITE 150

BOCA RATON, FL 33431





04222004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0706661 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOEPPEL, JOEL P 222 LAKEVIEW AVENUE SUITE 260 W. PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

| W. PALM BEACH, FL 33401 | | | IN THIS SPACE | | |
|---|---|---|---------------|--------------------------------|---|
| | | | | | |
| 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OATE | | | | | OATE |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | Electron Campaign Finar Trust Fund Contribution. | ncing | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIREC | CTORS | | • | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP SIEGEL, NED L 5000 T-REX AVE, STE 150 BOCA RATON, FL 33431 | | | | U00000140166 04/29/04-80151-009 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS GRUNDT, BRUCE S 5000 T-REX, STE 150 BOCA RATON, FL 33431 | | | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | VPD ROTHMAN, FRED B 5000 T-REX AVE, STE 150 BOCA RATON, FL 33431 | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ÎN ' | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS | | | | | • |

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:

NATURE AND TYPED OF PRINTED HAVE OF SIGNING OFFICER OF DIRECT

101-998-9-00