CR2E034 (10/02)

## **2003 FOR PROFIT CORPORATION**

UN	IIFOR	M BUSINE	SS	REPORT	Г (l	JBR)	)		Apr 10, 20	$\mathbf{v}$	0.00 CC4a	am 4
DOCUMENT # P9700077403  1. Entity Name DLR PROPERTIES, INC.								Secretary of State 04-18-2003 90203 019 ***158.75				
Principal Place of Business 201 FLETCHER AVE SARASOTA FL 34237-6019 US			Mailing Address 201 FLETCHER AVE SARASOTA FL 34237-6019 US							***************************************		
2. Principal F	Place of Busine	988	3. Mailing Address						i ibariook kia (biri rasii abiii balii obi		UII (UUI) Ejei) u	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF M	AKING	CHANGES		
City & State			City & State				<b>4.</b> Ff	El Number <b>65-0782937</b>		<del></del>	oplied For ot Applicable	
Zip Country			Zip		Count	Country			Certificate of Status Desired		\$8.75 Add	litional
6. Name and Address of Current Registered Agent								7. Na	ame and Address of New Regis			
	<del></del> .					Name		·				
	., Louis R. S Cher ave		f	Street Ad	Idress (F	P.O. Bo	ox Number is Not Acceptable)					
	TA FL 34237								<del></del>			
VI 10 10 C .	Iff I E C IEC.					City					Zip Code	
										<u>FL</u>	<u> </u>	
	e named entity itions of registe		the purp	ose of changing its re	egistere	d office or	registere	ed ager	ent, or both, in the State of Florida.	I am fa	amiliar with, a	and accept
ine obliga	tions of regions	/										
SIGNATURE .		r printed name of registered agent an	nd title if app	slicable. (NOTE:	Registered	d Agent signatur	re required	when rein	netating)	DATE		
, ,	<del></del>							$\overline{}$				
		FEE IS \$150.00 3 Fee will be \$550.00						1	9. Election Campaign Financi			<b>0</b> May Be
		Florida Department of	State						Trust Fund Contribution,		Added	to Fees
10.		OFFICERS AND D	RECTO	IRS	11.			ADC	DITIONS/CHANGES TO OFFICER	S AND	DIRECTORS	3 IN 11
TITLE	P	☐ Delete		☐ Delete	TITLE						☐ Change	Addition
NAME	LUNDIN, JO				NAME	· ,						
STREET ADORESS CITY-ST-ZIP	4603 4TH A	AVENUE NE DN FL 34208				ET ADDRESS - ST-ZIP						
TITLE	VP	11 1 2 0 1200		□ Delete	TITLE				<del></del>		☐ Change	[ ] Addition
NAME		Louis R. Sr.		□ Belete	NAME						v.id.igs	
STREET ADDRESS	8937 GREY	OAKS AVENUE				ET ADDRESS						
CITY-ST-ZIP	SARASOTA	FL 34238			CITY-	-ST-ZIP						
TITLE	VP			☐ Delete	TITLE						☐ Change	Addition
name Street address	RACKLEY, I		- :	ಪ∴ಇಲ್ಲಿ ಕ್ರಾಂಡಿಕ	NAME	ET ADDRESS			en e			,
CITY-ST-ZIP		D POND DRIVE				-ST-ZIP						
TITLE	T	1116 04202		Delete	TITLE				<u> </u>		Change	Addition
NAME	REYNOLDS	, WM. JEFFREY		2000	NAME							
STREET ADDRESS	4766 FARM	RD				ET ADDRESS						1
CITY-ST-ZIP	SARASOTA	FL 34233			CITY-	-ST-ZIP						
TITLE	S	10110 D 1D		Delete Delete	TITLE	J					Change	Addition
NAME Street Address		LOUIS R. JR. RMARK LANE			NAME	ET ADDRESS						
CITY-ST-ZIP	SARASOTA					-ST-ZIP						
TITLE	ONIMOIN	1 0 0 1 2 0 0		Delete	TITLE		<u> </u>				☐ Change	Addition
NAME	•			C Delete	NAME	1					Onlange	
STREET ADDRESS	ľ				STREE	ET 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Compouis Robert du Treil Jr.

4/14/03

941/329-6000

Daytime Phone #