

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90041 017 ***150.00

DOCUMENT # **P99000023042**

1. Entity Name
DIVERSIFIED REALTY DEVELOPERS, INC.



Principal Place of Business
**555 S OLD WOODWARD AVE
SUITE 1508
BIRMINGHAM MI 48009**

Mailing Address
**555 S OLD WOODWARD AVE
SUITE 1508
BIRMINGHAM MI 48009**



2. Principal Place of Business
555 S. Old Woodward, Ave.

3. Mailing Address
555 S. Old Woodward, Ave.

Suite, Apt. #, etc.
Suite 1209

Suite, Apt. #, etc.
Suite 1209

CHECK HERE IF MAKING CHANGES

City & State
Birmingham, MI

City & State
Birmingham, MI

4. FEI Number **59-3576872**
Applied For
 Not Applicable

Zip Country
48009 USA

Zip Country
48009 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MURPHY, YVETTE ESQ
3250 MARY STREET
SUITE 302
COCONUT GROVE FL 33133**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____
Signature of officer or principal member of registered agent and fee if applicable. (NOTE: Registered Agent signature required when installing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	MCDANIEL, JACKSON	
STREET ADDRESS	555 S OLD WOODWARD, STE 1508	
CITY-ST-ZIP	BIRMINGHAM MI 48009	
TITLE	V/S	<input type="checkbox"/> Delete
NAME	BENSON, GREGORY J	
STREET ADDRESS	555 S OLD WOODWARD, SUITE 1209	
CITY-ST-ZIP	BIRMINGHAM, MI 48009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, JACKSON	
STREET ADDRESS	555 S. OLD WOODWARD, SUITE 1209	
CITY-ST-ZIP	BIRMINGHAM, MI 48009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(f), 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: **JACKSON MCDANIEL**

[Handwritten Signature]

01/27/03

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