

**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 **48009** Country **USA**

Zip **48009** Country **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 individual or principal name 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	<b>MCDANIEL, JACKSON</b>	
STREET ADDRESS	<b>555 S OLD WOODWARD, STE 1508</b>	
CITY-ST-ZIP	<b>BIRMINGHAM MI 48009</b>	
TITLE	V/S	<input type="checkbox"/> Delete
NAME	<b>BENSON, GREGORY J</b>	
STREET ADDRESS	<b>555 S OLD WOODWARD, SUITE 1209</b>	
CITY-ST-ZIP	<b>BIRMINGHAM, MI 48009</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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