


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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90284 005 ***150.00

DOCUMENT # p99000095466	
1. Entity Name Eastwood Management, Inc	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 28 S. Exuma Road		3. Mailing Address PO Box 2446	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Key Largo, FL		City & State Key Largo, FL	
Zip 33037	Country USA	Zip 33037	Country USA

[- made changes to officers

DO NOT WRITE IN THIS SPACE
Address change

DO NOT WRITE IN THIS SPACE		4. FEI Number 65-0957948		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
		7. Name and Address of Current Registered Agent		
		Name Deborah S. Yates		
		Street Address (P.O. Box Number is Not Acceptable)		
		28 S. Exuma Road		
		City Key Largo	FL	Zip Code 33037

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 <i>Deborah S Yates</i>	Deborah S. Yates	2/15/03
<small>Signature, typed or printed name of registered agent and file if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	NAME	P S D	TITLE
NAME	Deborah S. Yates	P S D	NAME
STREET ADDRESS	2665 S. Bayshore Dr. #703	change title	STREET ADDRESS
CITY - ST - ZIP	Miami, FL 33133		CITY - ST - ZIP
TITLE	Sarah T. Yates	D	TITLE
NAME	11714 SW 135 Place	please add	NAME
STREET ADDRESS	Miami, FL 33186		STREET ADDRESS
CITY - ST - ZIP			CITY - ST - ZIP
TITLE	George Eastwood Yates	D	TITLE
NAME	11714 SW 135 Place	Please add	NAME
STREET ADDRESS	Miami, FL 33186		STREET ADDRESS
CITY - ST - ZIP			CITY - ST - ZIP
TITLE	George A. Yates	D *****	TITLE
NAME	2665 S. Bayshore Dr #703	Please Delete	NAME
STREET ADDRESS	Miami, FL 33133		STREET ADDRESS
CITY - ST - ZIP			CITY - ST - ZIP
TITLE			TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY - ST - ZIP			CITY - ST - ZIP
TITLE			TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY - ST - ZIP			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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Deborah S Yates</i>	Deborah S. Yates	2/15/03	(305)451-1407
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

CR2E034B (12/02)