File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED My/20 LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** 98 APR 17 PH 12: 35 FILING FEE | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SECRETARY OF STATE TALLAHASSEE FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L96000001352 1a. Principal Place of Business Address SEGERA RANCH L.C. 9922 LAKE LOUISE DRIVE 9922 LAKE LOUISE DRIVE WINDERMERE FL 34786 WINDERMERE FL 34786 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation FL Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable APPLIED FOR 5. Date of Last Report 8. Certificate of Status Desired Žip Country Country 58 75 Additional Fee Required 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent MARDER, MICHAEL Street Address (P.O. Box Number is Not Acceptable) GREENSPOON, MARDER ETAL 135 W CENTRAL BLVD, SUITE 1100 ORLANDO FL 32801 Sulte, Apt. #, etc. City Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing Its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the poligations. SIGNATURE ed Agent signature required when reinstating) 10. Title Managing Members/Managers Business Street Address City, State and Zlp Code MGR RUGGIERI, JOHN 9922 LAKE LOUISE DRIVE WINDERMERE FL 200002497782--7 -04/23/98---01049---032 ****188.75 ****188.75

11. Ido 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 annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

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SIGNATIVAL AND TYPED OR PRINTED NAME OF SIGNING MANAGING MANAGER

Daytime Prione #