File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAR 17 AM 8: 16 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECKLIANTOR STATE TALLAHASSEE, FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT # 197000000317** 1a. Principal Place of Business Address CIRCLE THREE DEVELOPMENT, L.C. 7400 ARBUCKLE CREEK RD. P.O. BOX 1069 SEBRING FL 33871-1069 SEBRING FL 33870 3. Date Organized or Qualified 3a. State of Formation 2 Principal Place of Business 2a. Maiting Address 03/13/1997 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0734642 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country \$8.75 Additional Fee Required 03/09/1998 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent/Office Name WOHL, JAMES M 7400 ARBUCKLE CREEK RD. Street Address (P.O. Box Number is Not Acceptable) SEBRING FL 33870 Suite, 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. Thereby accept the appointment as registered agent, and accept the obligations. DATE SIGNATURE \_ (Registered Agen; Accepting Applicational): (NOSE Registered Agent signature response when to exhibit gri City, State and Zip Code 10. Title Managing Members/Managers **Business Street Address** 7400 ARBUCKLE CREEK RD. MGRM HEARTLAND REAL ESTAT, SEBRING FL MGRM CIRCLE M CITRUS, INC. 1379 N EAST VIOLA ROAD AVON FARK FL MGRN EXCAVATION POINT, INC. 7944 S GEORGE BLVD SEBRING FL 600002819246~~ 0 -03/26/99--01010--003 \*\*\*\*188.75 \*\*\*\*188.75 vfor the exemption stated in Section 119.07(3) (i). Florida Statutes. I further certify that the information 11. I do hereby certify that the information supplied with this filing does not quali Indicated on this annual report is true and accurate and that my signature stall have fine 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 trusted employaged to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

SIGNATURY AND TYPED OR FRIEND NAME OF SIGNIDE A MANAGED MEMORISON MATRICES

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attachment with an address.

SIGNATURE: