

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**

98 MAR 11 AM 8:57

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>FILING FEE</b> \$ 188.75	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company  <b>DOCUMENT #</b> L97000000717  BEN'S HITCHING POST CAMPGROUND, L.C. 2440 NE 115TH AVE. SILVER SPRINGS FL 34488	
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1a. Principal Place of Business Address  2440 NE 115TH AVE. SILVER SPRINGS FL 34488 2/3/98
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country	2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country	3. Date Organized or Qualified 06/26/1997 4. FEI Number 59-345361-0 5. Date of Last Report
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3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$0.75 Additional Fee Required
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7. Name and Address of Current Registered Agent  SCHULTZ, PATRICIA 2440 NE 115TH AVE. SILVER SPRINGS FL 34488	8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City Zip Code FL
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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 obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent must be reinstated when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	SCHULTZ, PATRICIA	2440 NE 115TH AVE.	SILVER SPRINGS FL
MEM	SCHULTZ, LEROY SR.	2440 NE 115TH AVE.	SILVER SPRINGS FL

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 -03/16/98--01120--011  
 \*\*\*\*188.75 \*\*\*\*188.75

11. I do 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: Patricia Schultz 22698  
SIGNATURE AND TYPED (OR PRINTED) NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #