


JUL. 27. 1999 5:15PM LEH-PARTNERSHIP CONCEPTS

NO. 12865.2P. 2/232

2<sup>nd</sup> and File on or before Sept. 29, 1999 or Limited Liability Company  
FINAL NOTICE: will be dissolved.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 AUG 23 PM 4:07

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 588.75	Annual Report \$100.00 - \$68.75 Corporation Supplemental Fee - \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company <b>REAR GOLF COMMUNITIES LLC</b> 1201 ELM STREET, SUITE 5400 DALLAS TX 75270	<b>DOCUMENT #</b> M98000001377
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1a. Principal Place of Business Address <b>1201 ELM STREET, SUITE 5400</b> DALLAS TX 75270
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address <b>3350 NW ROYAL OAK DRIVE</b> Suite, Apt. #, etc. City & State Zip	3. Date Organized or Qualified <b>11/20/1998</b>	3a. State of Formation <b>DE</b>
<b>JENSEN BEACH, FL</b>	<b>JENSEN BEACH, FL</b>	4. FEI Number <b>75-2790896</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>3</b>	<b>34957</b>	5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/>
	<b>MARTIN</b>		

7. Name and Address of Current Registered Agent <b>FOX, M. LANNING</b> 1100 SOUTH FEDERAL HIGHWAY STUART FL 34994
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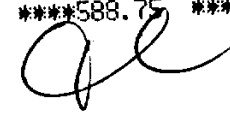
8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <b>FL</b>
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named 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 Acceptance Appointment) (NOTE: Registered Agent signature required when registered)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	RENAR GCI, INC.	3350 NW ROYAL OAK DRIVE	JENSEN BEACH FL
MGRM	LB/PCRI CAPITAL PARTNE	1201 ELM STREET, SUITE 540	DALLAS TX

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-08/26/99--01004--025  
\*\*\*\*588.75 \*\*\*\*588.75



11. I do hereby certify that the information supplied with this filing does not qualify for the exemption states in Section 119.07(3) (f), 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 600, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Cinda D...* AUG 6, 1999  
SIGNATURE AND TYPE OR PRINTED NAME OF MANAGING MEMBER OR MANAGER Date Daytime Phone #