File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY FILED Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS on return 1911 to 09 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L9700001312 1a. Principal Place of Business Address BERKSHIRE RESERVE, L.C. 1600 WELLESLEY CIRCLE 1600 WELLESLEY CIRCLE NAPLES FL 34116 NAPLES FL 34116 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3s. State of Formation 11/21/1997 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country St. 75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name PFEUFFER, WILLIAM A Street Address (P.O. Box Number is Not Acceptable) 1124 GOODLETTE ROAD 800002482218--NAPLES FL 34102 04/09/98 - 01023 - 020 Suite, Apt. #, etc. ****188.75 ****188.75 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 obligations. SIGNATURE (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR GLACID INVESTMENTS, AR 1600 WELLESLEY CIRCLE NAPLES FL 16-66 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 acquirate 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 accordance of the statutes.

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IGNING MANAGING MEMBER OR MANAGER

attachment with an address.

SIGNATURE: