File on or before May 1, 1999 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 MAR -9 AM 9:16

FILING FEE $ 188.75 | **Annual Report $100.00 + $88.75 Corporation Supplemental Fee** | **Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #** L97000000717

BEN'S HITCHING POST CAMPGROUND, L.C.
2440 NE 115TH AVE.
SILVER SPRINGS FL 34488

1a. Principal Place of Business Address
2440 NE 115TH AVE.
SILVER SPRINGS FL 34488

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	06/26/1997	FL
City & State	City & State	4. FEI Number: 59-3453610	☐ Applied For ☐ Not Applicable
Zip: 34488 Country: Marion	Zip: 34488 Country: Marion	5. Date of Last Report: 03/11/1998	6. Certificate of Status Desired: $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
SCHULTZ, PATRICIA 2440 NE 115TH AVE. SILVER SPRINGS FL 34488	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City: FL 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 _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature Required Whether Listed or Not)

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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****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: LRy Schultz Sr Patricia Schultz 3-1-99 352 6254213
(SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY, MANAGER OR MEMBER OR MANAGER) (DATE) (DAYTIME PHONE #)

INHSE10 R (12-98)