FIGURE C.N.C. BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED PARTNERSHIP Sandra B. Mortham ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 98 DEC 17 AMIO: 17 DOCUMENT # 1. Name of Limited Partnership A95000000028 BRYLEN HOMES, LTD. 0012/23 5a. Capital Contributions as Shown on record. Mailing Address Principal Office Address 01/06/1995 3202 SAWGRASS VILLAGE CIRCLE 3202 SAWGRASS VILLAGE CIRCLE \$1,000.00 PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 3a. Date of Last Report 12/04/1997 **5b.** Amount of Capital Contributions in FLORIDA to date: 4. State or Country of Formation 2. Mailing Address 2a. Principal Office Address FL Suite, Apt. #, etc. Suite, Apt. #, etc. 6. FEI Number Applied For Not Applicable 59-3285687 City & State City & State \$8.75 Additional Fee Required 7. Certificate of Status Desired Zip Country Zip Country 8. Make check payable to: Dept. of State (See reverse side for fee information) 10. If changed, new Registered Agent/Office 9. Name and Address of Current Registered Agent BARTLETT 17/1/20 F&L CORP ddress (P.O. Box Number 半103 200 NORTH LAURA STREET Jack**s**ónville FL 32202 VEDR4 BEACH Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s), I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of sections 529.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) Registration/ 11. Name(s) of General Partner(s) 11b. City, State & Zip Code 11c. Document Number (8/88) FIRST COAST DEVELOPMENT GROU 3202 SAWGRASS VILLAGE PONTE VEDRA BEACH FL P94000080516 CR2E003 200002724032--2 -12/28/98-01140-017 ****141.25 ****141.25 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any label or administer of with Section 119,07(3)(f) in the event that the information supplied is deemed eventp from public access. I further certify that the information supplied is deemed eventp from public access. I further certify that the information indicated on this annual report is type and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this recon as required by chapter 620, Florida Statutes. Bryan J. Lendry, President of FIRST COAST DEVELOPMENT GRO SIGNATURE General Partner

(Bryan Lendry is not a general partner)

Typed or Printed Name of Get

artner Signing Form

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