SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000005952 (7)

1. Corporation Name

KSL FLORIDA HOLDINGS, INC.

Principal Place of Business	Mailing Address
56-140 PGA WEST BLVD LA QUINTA CA 92253	56-140 PGA WEST BLVD LA QUINTA CA 92253

3. Date Incorporated or Qualified: **12/30/1993**
3a. Date of Last Report: **02/17/1995**
4. FEI Number: **33-0591436** — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 — Country 25	Zip 29 — Country 30

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
1600 MIAMI CENTER
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ____________________ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	SHANNON, MICHAEL S	
STREET ADDRESS	56-140 PGA WEST BLVD	
CITY-ST-ZIP	LA QUINTA CA	
TITLE	VTD	☐ DELETE
NAME	LICHLITER, LARRY E	
STREET ADDRESS	56-140 PGA WEST BLVD	
CITY-ST-ZIP	LA QUINTA CA	
TITLE	V	☒ DELETE
NAME	ADELHELM, RONALD A.	
STREET ADDRESS	4400 NW 87 AVE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	V	☐ DELETE
NAME	FRAME, ROBERT C.	
STREET ADDRESS	56-140 PGA BLVD	
CITY-ST-ZIP	LA QUINTA CA 92253	
TITLE	S	☐ DELETE
NAME	DYAL, NOLA S.	
STREET ADDRESS	56-140 PGA BLVD	
CITY-ST-ZIP	LA QUINTA CA 92253	
TITLE	V	☒ DELETE
NAME	TURNOVSZKY, HANS	
STREET ADDRESS	4400 NW 87TH AVE.	
CITY-ST-ZIP	MIAMI FL 33178	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. 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 further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Larry E Lichliter — 7/8/96 — (619) 564-1088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Larry E. Lichliter, E.V.P.