

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1998



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 MAY -4 PM 4:36

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

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L93000000321**  
**UNO LAGO COMMUNITY DEVELOPMENT LIMITED COM PANY**  
**801 UNO LAGO DRIVE**  
**JUNO BEACH FL 33408**

1a. Principal Place of Business Address  
**801 UNO LAGO DRIVE**  
**JUNO BEACH FL 33408**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

2a. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Date Organized or Qualified  
**09/24/1993**

3a. State of Formation  
**FL**

4. FEI Number  
**65-0440681**

5. Date of Last Report  
**04/16/1997**

6. Certificate of Status Desired  
☐ Applied For  
☐ Not Applicable  
☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  
**SOLOMON TC, J C**  
**801 UNO LAGO DRIVE**  
**JUNO BEACH FL 33408**

8. Name and Address of New Registered Agent/Office  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**800002514378--7**  
Suite, Apt. #, etc.  
**-05/06/98--01139--002**  
**\*\*\*\*188.75 \*\*\*\*188.75**  
City  
**FL**  
Zip Code  
**MA**

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 when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	SOLOMON, J C II	801 UNO LAGO DRIVE	JUNO BEACH FL
MEM	GRAZIOTTO, RAYMOND E	801 UNO LAGO DRIVE	JUNO BEACH FL

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: \_\_\_\_\_ DATE: **4/29/98**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #