File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT FILED Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAR 12 PM 2: 02 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE SLOKETARY OF STATALLAHASSEE, FLORIDA **DOCUMENT #** L9400000203 Name and Mailing Address
of Limited Liability Company 1a. Principal Place of Business Address HARALD'S SUNSHINE HOMES II, L.C. 3910 S.E. 20TH PLACE 3910 S.E. 20TH PLACE CAPE CORAL FL 33904 CAPE CORAL FL 33904 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 05/05/1994 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 65-0495065 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Ζip Country 03/06/1998 \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office SEEMANN, ERNEST A 4729 DEL PRADO BLVD. Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33904 Suite, Apt. #, etc 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). (table Register a Agent signature region diwten roost a regi 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM ROHLEDER, HARALD W DR. 3910 S.E. 20TH PLACE CAPE CORAL FL MGRM ROHLEDER, MONIKA KILZINGER STR. 21, D-86911 DIESSEN A.A. 5.dom(28.17.1556--- n3/24/99-- 01074-- 021 ****199,75 ****199.75 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 path, that I am a managing member or manager of the limited liability company or the receiver of 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.