FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 **DIVISION OF CORPORATIONS** FILED FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee 97 FEB 28 AM 11: 49 Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 **DOCUMENT** #L9400000360 SHOULE LAKY OF STATE of Limited Liability Company 1a. Principal Place b Business Address GULF BREEZE FINANCIAL, L.C. 1101 GULF BREEZE PARKWAY 101 GULF BREEZE PARKWAY GULF BREEZE FL 32561 GULF BREEZE FL 32561 If above mailing address is incorrect in any way, line through Incorrect Information and enter correction in Block 2a 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation)7/28/1994 fL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 65-0178761 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country s8-75 Additional Lee Reguled 06/18/1996 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent Name VOGEL, RICHARD M B936 TAMIAMI TRAIL NORTH Street Address (P.O. Box Number Is Not Acceptable) SUITE B NAPLES FL 33940 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 _ (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRMCREECH, JOHN A JR. 83 HARBOUR DRIVE NAPLES FL MG MANCUSO, EMILY 1101 GULF BREEZE PKWY. **G**ULF BREEZE FL BOOO2103278--E -03/04/97--01025--019 ****203.75 ****203.75 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. M. Manwso Emily M. Maneuso 2/25/97 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER