2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After August 23, 1995. If Dissolved, Minimum Amount Due To Reinstate: $738.75

APPROVED AND FILED

95 JUL 26 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1995

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

400001548044
-07/27/95--01078--015
****263.75 ****263.75

FILING FEE $ 263.75 | Annual Report $100.00 + $138.75 Corporation Supplemental Fee + $25.00 LATE FEE | Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company

DOCUMENT # L94000000557

G.H.O.S. REAL ESTATE HOLDING, L.C.
1240 S.W. 20TH AVENUE
BOCA RATON FL 33486

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2

1a. Principal Place of Business Address
1240 S.W. 20TH AVENUE
BOCA RATON FL 33486

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

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

3. Date Organized or Qualified: 10/13/1994

3a. State of Formation: FL

4. FEI Number: 65-0536744 ☐ Applied For ☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

JAMALOODEEN, MOHAMED
1240 S.W. 20TH AVENUE
BOCA RATON FL 33486

8. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City: FL | 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 _____
(Designated Agent Accepting Appt.) (REQUIRED: Registered Agent signature required when mandatory)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
M	JAMALOODEN, MARIAM	1240 S.W. 20TH AVENUE	BOCA RATON FL
M	JAMALOODEN, MARIAM	1240 S.W. 20TH AVENUE	BOCA RATON FL
M	JAMALOODEN, MOHAMED	1240 S.W. 20TH AVENUE	BOCA RATON FL
M	JAMALOODEN, AHMED	1240 S.W. 20TH AVENUE	BOCA RATON FL
M	JAMALOODEN, NAZIR	1240 S.W. 20TH AVENUE	BOCA RATON FL

11. 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 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 _____ Daytime Phone #
(Signature and Typed or Printed Name of Individual Authorized to Sign)

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APPROVED AND FILED

2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After August 23, 1995. If Dissolved, Minimum Amount Due To Reinstate: $738.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1995

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

FILING FEE $ 263.75

Annual Report $100.00 + $138.75 Corporation Supplemental Fee + $25.00 LATE FEE

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

DOCUMENT # L94000000585

1 Name and Mailing Address of Limited Liability Company

WEST GULF DRIVE DEVELOPMENT LIMITED COMPAN
Y
1456 PERIWINKLE WAY
SANIBEL FL 33957

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2

1a. Principal Place of Business Address

1456 PERIWINKLE WAY
SANIBEL FL 33957

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

3. Date Organized or Qualified: 10/31/1994

3a. State of Formation: FL

4. FEI Number: ☑ Applied For ☐ Not Applicable

5. Date of Last Report: N/A

6. Certificate of Status Desired: $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

MURTY, TIMOTHY J
1633 PERWINKLE WAY
SANIBEL FL 33957

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City / FL / 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) (OR) Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	HILLEBRANDT, WILLIAM	1456 PERWINKLE WAY	SANIBEL FL
MGRM	SERPENTINI, ROBERT JR	1456 PERWINKLE WAY	SANIBEL FL
MGRM	SERPENTINI, ROBERT SR	1456 PERWINKLE WAY	SANIBEL FL
MGRM	BURNS, JOSEPH M	1456 PERWINKLE WAY	SANIBEL FL

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11 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 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: William Hillebrandt William H Hebrandt 7/1/1 941-395-2574

(Signature and Typed or Printed Name of Managing Member or Manager) Date Daytime Phone #

INITSE10 R(4-95)