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

FILED LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 97 MAR 17 AM 8: 26 1997 DIVISION OF CORPORATIONS Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee **FILING FEE** SECTIETARY OF STATE \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT** # L94000000718 1a. Principal Place of Business Address BULOW CREEK, L.C. 3348 EDGEWATER DR 3348 EDGEWATER DR ORLANDO FL 32804 ORLANDO FL 32804 If above making 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 12/28/1994 FL Suite, Apt #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3292521 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 03/06/1996 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name WILLIAMS, WARREN E 28 W CENTRAL BLVD Street Address (P.O. Box Number Is Not Acceptable) ORLANDO FL 32801 Suite, Apt. #, etc. City 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 MGRM CHIRA, LEE 255 S ORANGE AVE SUITE 134 ORLANDO FL MGRM DEMETREE, MARY B348 EDGEWATER DR ORLANDO FL 600002118106---4 -03/19/37-+01038-+001 ****218.75 ****218.75

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.

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

SIGNATURE:

SIGNATURE AND TAPED OF PRINTED NAME OF SIGNING MANAGING MEMBER OF MANAGER

2/21/97