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 FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS S9 HAR 12 PM 2: 01 FILING FEE | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SECKLIARY OF STAFE TALLAHASSEE, FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT # L95000000175** of Limited Liability Company 1a. Principal Place of Business Address REALCO DEVELOMENT PARTNERS, L.C. 372 LENELL RD. 372 LENELL RD. FORT MYERS BEACH FL 33931 FORT MYERS BEACH FL 33931 3. Date Organized or Qualified 2 Principal Place of Business 2a. Mailing Address 3a. State of Formation 03/03/1995 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3304886 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Ζιρ Country \$8.75 Additional Fee Required 04/27/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name PEARCE, LAWRENCE L 372 LENELL RD. Street Address (P.O. Box Number is Not Acceptable) FT. MYERS BEACH FT. 33931 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. DATE . SIGNATURE \_\_\_\_\_ (Registered Agent Accepting Apprintment) (NOTE Registered Agent's greature required when reinstalling) 10. Title Managing Members/Managers **Business Street Address** City. State and Zin Code MGR PEARCE, LAWRENCE L 372 LENELL RD. FORT MYERS BEACH FL 000002814570---03/23/99--01004--017 \*\*\*\*188.75 \*\*\*\*188.75

11. I depereby certify that the information supplied with this filling 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:

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March 9,1999