ile on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY FILED Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** 98 APR 27 AM II: 55 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA Name and Mailing Address
of Limited Liability Company **DOCUMENT #** L95000000178 1a. Principal Place of Business Address ESTERO DEVELOPMENT GROUP, L.C. 1661 ESTERO BOULEVARD 1661 ESTERO BOULEVARD SUITE 22 SUITE 22 FORT MYERS BEACH FL 33931 FORT MYERS BEACH FL 33931 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 03/03/1995 4. FEI Number FL Applied For City & State City & State Not Applicable 59-3304885 5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Lee Required 05/15/1997

8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Name PEARCE, LAWRENCE L Street Address (P.O. Box Number Is Not Acceptable) 372 LENELL RD. FT. MYERS BEACH FL 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. SIGNATURE (Registered Agost Ascepting Appendicint) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR PEARCE, LAWRENCE L 1661 ESTERO BLVD., FORT MYERS BEACH FL 372 Levell Sch 33931 ****188.75 ****188.75

11. Ido 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.

SIGNATURE:

SHATURI AND TYPE O'OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

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