File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FILED SECRETARY OF STATE DIVISION OF CORPORATIONS LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS 98 APR 24 PM 4: 30 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE 12 4/27 Name and Mailing Address of Limited Liability Company **DOCUMENT #** L95000000332 1a. Principal Place of Business Address WEDEBROCK DEVELOPMENTS, L.C. 6350 GULF OF MEXICO DR 6350 GULF OF MEXICO DR LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 05/01/1995 4. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 65-0574306 5. Date of Last Report 6. Certificate of Status Desired Zio Country Country Zip \$8.75 Additional Fee Required 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S PINE ISLAND RD 00000250681 PLANTATION FL 33324 Suite, Apt. #, etc. -04/30/98-\*\*\*\*188 75 | Zip Code City 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 \_ (Rogistered Agent Accepting Appointment) (NO1E Registered Agent signature required when reinstating) City, State and Zip Code 10. Title Managing Members/Managers **Business Street Address** Town & Country, chesterfield no 6301 MGRM HUNTCO FARMS, INC. 14323 S OUTER FORTY SUITE LONGBOAT KEY FL 34228 MGRM HFI REAL ESTATE COMPAN 6350 GULF OF MEXICO DR

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

UP, SECRETARYS TREASURER /1/98

attachment with an address

**SIGNATURE**