
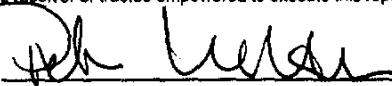


FILE NOW: Fee after May 1, will be \$588.75

| LIMITED LIABILITY COMPANY ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|---|---------------------------|--|---|
| FILING FEE \$ 203.75 | | Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | |
| 1. Name and Mailing Address of Limited Liability Company DOCUMENT # L95000000467 K & W INVESTMENTS OF LEE COUNTY, L. C. 1318 SE 47TH STREET CAPE CORAL, FL 33904 | | 1a. Principal Place of Business Address 1318 SE 47TH STREET CAPE CORAL, FL 33904 | |
| If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. | | | |
| 2. Principal Place of Business 1503 SE 47TH TERRACE Suite, Apt. #, etc. City & State CAPE CORAL, FL Zip 33904 Country US | | 2a. Mailing Address P. O. BOX 1657 Suite, Apt. #, etc. City & State CAPE CORAL, FL Zip 33910-1657 Country US | |
| 3. Date Organized or Qualified 06/15/95 | | 3a. State of Formation FL | |
| 4. FEI Number 65-0613400 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Date of Last Report 1996 | | 6. Certificate of Status Desired <input checked="" type="checkbox"/> Additional Fee Required | |
| 7. Name and Address of Current Registered Agent SEEMANN, ERNEST A. 4729 DEL PRADO BLVD. CAPE CORAL, FL 33904 | | 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) (NOTE: Registered Agent signature required when reinstating) | | | |
| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
| MGRM | KRUEGEL, DIETER | BIRKENWEG 2 | D-90547, GERMANY |
| MGRM | KRUEGEL, MARGARITA | BIRKENWEG 2 | D-90547, GERMANY |
| MGRM | WITTANDER, PETER | 1318 SE 47TH STREET | CAPE CORAL, FL |
| MGRM | WITTANDER, AGNETA | 1318 SE 47TH STREET | CAPE CORAL, FL |
| MGRM | WITTANDER, PETER | 1503 SE 47TH TERRACE | CAPE CORAL, FL |
| MGRM | WITTANDER, AGNETA | 1503 SE 47TH TERRACE | CAPE CORAL, FL |
| | | | 900002172359--9 -05/08/97--01155--008 ****203.75 ****203.75 JDS-7-97 |
| 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 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:  | | 4-30-97 (941) 549-3101 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER | | Date Daytime Phone # | |