File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham FILED ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS ORITHER 10 PM 3: 30 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L9500000629 1a. Principal Place of Business Address TAMIAMI INVESTORS, L.C. 8890 BAY COLONY DRIVE 8890 BAY COLONY DRIVE MARQUESA, UNIT 902 NAPLES FL 33963 MARQUESA, UNIT 902 NAPLES FL 33963 3. Date Organized or Qualified 2. Principal Place of Business 2a. Mailing Address 3a. State of Formation 08/17/1995 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 57-1032919 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 04/10/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office BAILY, JAY E ESQUIRE BAILY & BREWER Street Address (P.O. Box Number is Not Acceptable) 46 NORTH WASHINGTON BLVD., SUITE 13 SARASOTA FL 34236 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) **Business Street Address** 10. Title Managing Members/Managers City, State and Zip Code BOONE, G. LEN MGR 8990 BAY COLONY DRIVE, MAR NAPLES FL 0002464341----03/20/98--01127--021 ***1132.50 ****188.75 FF\$188.78

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. If urther 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 trubbee 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: SIGNATURE OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

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