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** 98 APR 29 PH 4: 09 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE TALLAMASSEE, SLORDA Name and Mailing Address
of Limited Liability Company **DOCUMENT #** L95000000805 1a. Principal Place of Business Address CASA BONITA PLAZA, L.C. P O BOX 416 2133 PERIWINKLE WAY SANIBEL FL 33957 SANIBEL FL 33957 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 10/20/1995 4. FEI Number Sulte, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 65-0626466 6. Certificate of Status Desired 5. Date of Last Report Zip 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 Name WORTZEL, ALAN S Street Address (P.O. Box Number is Not Acceptable) 2133 PERIWINKLE WAY SANIBEL FL 33957 <u> 000002513900---7</u> Suite, Apt. #, etc. -05/06/38--01101--003 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) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM SULKOWSKI, JAMES L 1517 WINTERBERRY LN DARIEN IL MGRM KUIKEN, ROBERT 125 55TH ST CLARENDON HILLS IL MGRM WORTZEL, ALAN S 2133 PERIWINKLE WAY SANIBEL FL MGRM MARINELLO, MARK J 2133 PERIWINKLE WAY SANIBEL FL 11. I do hereby bertify 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 fimited liability company or the receive privustee empowered to execute this report its required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

MATURE AND TYPED OR PRINTED NAME OF AGNING MANAGING MEMBER OR MANAGER

SIGNATURE: (