File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS ιοηπορο (11 0 29 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT # 195000000805** 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 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4 FEI Number Applied For City & State City & State 65-0626466 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country Zip \$8.75 Additional Fee Required 04/29/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office WORTZEL, ALAN S 2133 PERIWINKLE WAY Street Address (P.O. Box Number is Not Acceptable) SANIBEL FL 33957 **300002788733---**-02/26/99--01072---018_ ****198675 *****188.75 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. Thereby accept the appointment as registered agent, and accept the obligations. DATE SIGNATURE (Registered Agent Arcegong Aspect Lenn) (MOTE Registered Agent & greative responsitivities in a catalog 10. Title Managing Members/Managers **Business Street Address** City. State and Zin 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 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 each, 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:

INHSE10 R (12-98)