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 99 FEB 25 AM 10: 25 1999 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company DOCUMENT # L95000000922 1a. Principal Place of Business Address NEW RIVER RANCH, L.C. P.O. BOX 30020 3200 RIVER RANCH ROAD RIVER RANCH FL 33867 RIVER RANCH FL 33867 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 2 Principal Place of Business 11/28/1995 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3352833 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country ZIP \$8.75 Additional Fee Required 05/01/1998 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent/Office Name MEGILL, HAROLD E 99 LONG HAMMOCK DRIVE Street Address (P.O. Box Number is Not Acceptable) RIVER RANCH FL 33867 Suite, Apt #, etc 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. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE \_\_\_\_ DATE (Registered Agent Accepting Appropried). (NOTE: Registered Agent signature to quite I which rend thosp **Business Street Address** City, State and Zip Code 10. Title Managing Members/Managers MGRM LYKINS, DONALD F 583 WATERWAY DRIVE RIVER RANCH FL NGR MEGILL, HAROLD 99 LONG HAMMOCK DRIVE RIVER RANCH FL DENNIS, HOWARD MGRM 256 SADDLE LANE RIVER RANCH FL MGRM PICKELSMER, CHARLES 383 GATOR ALLEY RIVER RANCH FL 500002795275----03/05/99--01006--021 \*\*\*\*188.75 \*\*\*\*188.7**5** 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