
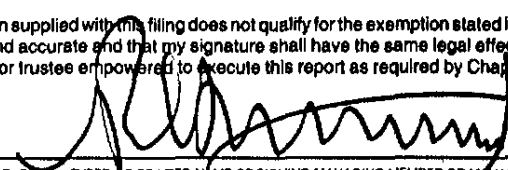


FILE NOW: Fee after May 1, will be \$588.75

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|---|----------------------------------|---|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | FILED 97 MAY 15 PM 12:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| 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 T & T RESORTS, L.C. 12800 UNIVERSITY DRIVE SUITE 350 FORT MYERS FL 33907 | | DOCUMENT # L96000000209 1a. Principal Place of Business Address 12800 UNIVERSITY DRIVE SUITE 350 FORT MYERS FL 33907 | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 3. Date Organized or Qualified 02/21/1996 4. FEI Number 65-0648314 5. Date of Last Report 3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <input type="checkbox"/> State Addition Fee Required | |
| 7. Name and Address of Current Registered Agent KRICHBAUM, RICHARD E 12800 UNIVERSITY DRIVE SUITE 350 FORT MYERS FL 33907 | | 8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL | |
| 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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstalling)</small> | | | |
| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
| MGR | TAYLOR, ROBERT M | 12800 UNIVERSITY DRIVE, SU | FORT MYERS FL |
| | | | 000002184640--7 -05/20/97--01029--020 ****203.75 ****203.75 JB5-19-97 |
| 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:  | | 4/29/97 <small>Date Daytime Phone #</small> | |