File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

VISION OF CORPORATIONS

| ## Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee | | 199 | | O HIEF | DIVISION O | | | <u> </u> | 98 APR 1 | 3 PM 1:05 | |
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| T & T RESORTS, L.C. 12800 UNIVERSITY DRIVE SUITE 350 FORT MYERS FL 33907 2 Principal Place of Business Address FORT MYERS FL 33907 2 Principal Place of Business Address FORT MYERS FL 33907 3 Date Organized or Qualified Suite, Apt. 6 dc. 5 Unite, Apt. 6 dc. 5 Unite, Apt. 6 dc. 5 Unite, Apt. 6 dc. City & State City & | FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee | | | | | | L WILL | | | | |
| T & T RESORTS, L.C. 12800 UNIVERSITY DRIVE SUITE 350 FORT MYERS FL 33907 2. Principal Place of Business 2a. Malling Address 2b. Malling Address 3. Date Organized or Qualified Suite | 1. Name and Mailing Address DOCIMENT # | | | | | | | | | | |
| T & T RESORTS, L.C. 12800 UNIVERSITY DRIVE SUITE 350 FORT MYERS FL 33907 2. Mailing Address 2. Mailing Address 3. Date Organized or Qualified 3. State of Formation 02/21/1996 FL 4. FEI Number 4. FEI Number 65-0648314 5. Det of Last Report 65-0648314 5. Country 7. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RRICHBAUM, RICHARD E 12800 UNIVERSITY DRIVE SUITE 350 FORT MYERS FL 33907 Suite, Apl. #, etc. City FL 6. 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 tregistered deport, and accept the obligations. Signature RRICHBAUM, RICHARD E 12800 UNIVERSITY DRIVE Suite Address (P.O. Box Number is Not Acceptable) Suite, Apl. #, etc. City FL Tap Code FL 10. Title Managing Members/Managers Business Street Address City, State and Zip Code MGR TAYLOR, ROBERT M 12800 UNIVERSITY DRIVE, SU FORT MYERS FL 10. Title Managing Members/Managers Business Street Address City, State and Zip Code MGR TAYLOR, ROBERT M 12800 UNIVERSITY DRIVE, SU FORT MYERS FL | of Limited Liability Company | | | | | | 00209 | 1a Disalad Disas of Qualitate Address | | | |
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| FORT MYERS FL 33907 2 Principal Piace of Business | 12800 UNIVERSITY DRIVE | | | | | <u> </u> | | | | | |
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| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. | 1 0111 11111111111111111111111111111111 | | | | | | PORT MIERO PE 33907 | | | | |
| City & State City & Street Address of New Registered Agent/Office RRICHBAUM, RICHARD E 12800 UNIVERSITY DRIVE Street Address (P.O. Box Number is Not Acceptable) Street Address (P | 2. Principal Place of Business 2a. Malli | | | | ng Address | | | 3. Date Organize | ed or Qualified | 3a. State of Formation | |
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| Solution Status Desired Solution Sol | Suite, Apt. #, etc. | | | Sulle, Ap | Suite, Apr. #, etc. | | | 4. FEI Number | | | |
| 7. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name KRICHBAUM, RICHARD E 12800 UNIVERSITY DRIVE Suite Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City City Lip Code FL 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 (Registeria Agent Accepting Appointment) (NOTE Registered Agent agent agent agent) 10. Title Managing Members/Managers Business Street Address City, State and Zip Code TAYLOR, ROBERT M 12800 UNIVERSITY DRIVE, SU FORT MYERS FL | City & State | | | City & St | City & State | | | 65-0648314 Not Applicable | | | |
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| ************************************** | ΖIÞ | | Country | Zip | | Count | 'y | 06/16/1 | 007 | \$8.75 Additional Fee Required | |
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| MGR TAYLOR, ROBERT M 12800 UNIVERSITY DRIVE, SU FORT MYERS FL 1000024913419 | SIGNATURE DATE | | | | | | | | | | |
| 1000024913419 | | | | NOTE: Registered Age | | | | City, State and Zip Code | | | |
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11. Ido hereby certify that the information supplied with the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

41118

Daytime Phone #