

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
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 FEB 26 PM 2:12

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L96000000311

CORAL VILLAS LIMITED COMPANY
1208 S.W. 53RD STREET
CAPE CORAL FL 33914

1a. Principal Place of Business Address
03/15
1208 S.W. 53RD STREET
CAPE CORAL FL 33914

| | | | | | |
|--------------------------------|--|---------------------|--|--------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Organized or Qualified | 3a. State of Formation |
| Sulte, Apt. #, etc. | | Sulte, Apt. #, etc. | | 03/14/1996 | FL |
| City & State | | City & State | | 4. FEI Number | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| Zip | | Country | | 5. Date of Last Report | 6. Certificate of Status Desired |
| | | | | 03/10/1997 | <input checked="" type="checkbox"/> SB 79 Additional Fee Required <input type="checkbox"/> |

| | | | |
|---|--|---|--|
| 7. Name and Address of Current Registered Agent | | 8. Name and Address of New Registered Agent/Office | |
| VOSS, JOHANNA C 1208 S.W. 53RD STREET CAPE CORAL FL 33914 | | Name Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, etc. City FL 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. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(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 | VOSS, JOHANNA C | 1208 S.W. 53RD STREET | CAPE CORAL FL |
| MGRM | MEIER, FRED | 4912 S.W. 11TH PLACE | CAPE CORAL FL |
| MGRM | ERNY, HORST | EICHENSTRASSE 27 43043 BAD | GERMANY |

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****188.75 ****188.75

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: *X Fred Meier* *X* 941-945-1802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #