File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED SECRETARY OF STATE DIVISION OF CORFORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY **Katherine Harris** ANNUAL_REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** 99 MAR 10 PM 3: 13 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # 196000000311** 1a. Principal Place of Business Address CORAL VILLAS LIMITED COMPANY 1208 S.W. 53RD STREET 1208 S.W. 53RD STREET CAPE CORAL FL 33914 CAPE CORAL FL 33914 2 Principal Place of Business 3. Date Organized or Qualified 3a. State of Formation 2a. Mailing Address 03/14/1996 Suite, Apt. #, etc. Suite, Apt. #, etc 4. FEI Number Applied For City & State 65-0684927 City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country Zio \$8.75 Additional Fee Required 02/26/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name VOSS, JOHANNA C 1208 S.W. 53RD STREET Street Address (P.O. Box Number Is Not Acceptable) CAPE CORAL FL 33914 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 (Registered Agent Accepting Appointment). (NOT). Buyesend Agent significance prediction to a Managing Members/Managers **Business Street Address** City, State and Zip Code 10. Title MGRM VOSS, JOHANNA C 1208 S.W. 53RD STREET CAPE CORAL FL MGRM MEIER, FRED 4912 S.W. 11TH PLACE CAPE CORAL FL 900002804849----03/15/99--01006--005 ****188.75 ****188.75 11 | do hereby certify that the information supplied with this filling 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 it 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

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SIGNATURE