File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 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 #** 19600000326 1a. Principal Place of Business Address MAGI BUILDERS, L.C. 14831 LAGUNA DRIVE 14831 LAGUNA DRIVE FORT MYERS FL 33908 FORT MYERS FL 33908 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 03/20/1996 4. FEI Number FLSulte, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 65-0662780 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country 58 75 Additional Lee Required . 04/28/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name RIZZO, THOMAS F ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 2340 PERIWINKLE WAY, SUITE J2 SANIBEL FL 33957 700002515547 Suite, Apt. #, etc. -05/07/38--01082--010 ****188.75 ****188.7 ****188.75 City 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_ (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 OHLMAN, MILTON F II 14831 LAGUNA DRIVE FORT MYERS FL SOUTHWEST COAST LAND C 14831 LAGUNA DRIVE MGR FORT MYERS FL MEM FASIG, DONALD L 14831 LAGUNA DRIVE FORT MYERS FL

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. Hurther 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.

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

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