File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT FILED Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR 12 PM 3: 52 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE - Saturi, paist to tradición TALLAHASSEE, PLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT #** 196000000532 1a. Principal Place of Business Address FAIRWAY DEVELOPERS, L.C. 2636 MELLOW LANE 2636 MELLOW LANE SEBRING FL 33870 SEBRING FL 33870 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 05/07/1996 FLSuite, Apt. #, etc. Suite. Apt. #. etc. 4. FEI Number Applied For City & State City & State 65~0665208 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country \$8.75 Additional Fee Required 04/16/1998 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent/Office HANDLEY, WILLIAM R 2636 MELLOW LANE Street Address (P.O. Box Number is Not Acceptable) SEBRING FL 33870 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/legistered 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 egistered agent, and accept the obligations. SEGNATURE __ (Hegineral Agent Acerplay Appendicusty (IV) 18 (46), slead Agent 8-ymruc to quast when a co-10. Title Managing Members/Managers **Business Street Address** City. State and Zip Code MGRM HANDLEY, WILLIAM R 2636 MELLOW LANE SEBRING FL MGRM HANDLEY, PATRICIA W 2636 MELLOW LANE SEBRING FL D WOHL, JAMES W 1800 STATE ROAD 17 SOUTH AVON PARK FL D WOHL, JERI B 1800 STATE ROAD 17 SOUTH AVON PARK FL *197.50 ****197.5D 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 - 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 ror 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 WILLIAM R. HANDLE

INHSE10 R (12-98)

SIGNATURE