File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 FEB 26 PM 2: 53 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Liability Company **DOCUMENT #** L9600000715 SUNDANCE MHP, L.C. 8320 W SUNRISE BLVD 8320 W SUNRISE BLVD SUITE 108 SUITE 108 PLANTATION FL 33322 PLANTATION FL 33322 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 07/03/1996 4. FEI Number FLSuite, Apt. #, etc. Sulte, Apt. #, etc. Applied For City & State City & State Not Applicable 59-3406451 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country 58.75 Additional Fee Required. <u>06/30/1997</u> 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office DAMONTE, JONATHAN JAMES Street Address (P.O. Box Number is Not Acceptable) 7800-113TH STREET N SUITE 206 Suite, Apt. #, etc. SEMINOLE FL 34642 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 HOLDEN, JOHN 7027 W BROWARD BLVD #401 PLANTATION FL MGR HOLSTEIN, GERALD K 8320 W SUNRISE BLVD #108 PLANTATION FL 600002448666----03/05/98--01113--014 ****197.50 *****197.50

GERALD K, MOLSTEIN 2/23/98 (954) 370-82
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Deviring Proce #

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 cath; that I am a managing member or manager of the limited liability company or the receiver or trustee providered 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: