8 197.50 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 FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 FEB 24 All 9:55 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 IALLAL **DOCUMENT # 196000000715** ... LORIOA 1a. Principal Place of Business Address SUNDANCE MHP, L.C. 8320 W SUNRISE BLVD 8320 W SUNRISE BLVD SUITE 108 SUITE 108 PLANTATION FL 33322 PLANTATION FL 33322 3. Date Organized or Qualified 3a. State of Formation 2a. Mailing Address 2 Principal Place of Business 07/03/1996 FLSuite, Apt. #, etc. Suite, Apt #, etc. 4. FEI Number Applied For City & State City & State 59-3406451 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country Ζıp S8 75 Additional Fee Required 02/26/1998 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent DAMONTE, JONATHAN JAMES 7800-113TH STREET N Street Address (P.O. Box Number is Not Acceptable) SUITE 206 SEMINOLE FL 34642 Suite, Apt. #, etc. Zip Code City 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. DATE _ SIGNATURE ___ (Registered Agent Accepting Aprain timent). (MOI). Begishered Agent signative respired which technicity Managing Members/Managers **Business Street Address** City, State and Zip Code 10. Title HOLDEN, JOHN 7027 W BROWARD BLVD #401 PLANTATION FL MGRM 8320 W SUNRISE BLVD #108 PLANTATION FL **MGR** HOLSTEIN, GERALD K 200002799812--03/09/99-01079-013 ****197.50 ****197.50

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. If urther 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 expowered 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:

NHSE10 R (12-98)

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