## FILE NOW: Fee after May 1, will be \$588.75

FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS 97 HAY 15 PH 12: 16 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee FILING FEE Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 SECRETARY OF STATE Name and Mailing Address of Limited Liability Company DOCUMENT #196000000921 SOUTH SEAS TITLE COMPANY L.C. 12800 UNIVERSITY DRIVE #350 2800 UNIVERSITY DRIVE #350 FORT MYERS FL 33907 FORT MYERS FL 33907 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 08/23/1996 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 65-0704107 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent KRICHBAUM, RICHARD E 12800 UNIVERSITY DRIVE #350 Street Address (P.O. Box Number Is Not Acceptable) FORT MYERS FL 33907 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. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (Hegistered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM SOUTH SEAS PROPERTIE, 12800 UNIVERSITY DRIVE #35 FORT MYERS FL MGRM SOUTH SEAS RESORT CO, 12800 UNIVERSITY DRIVE #35 FORT MYERS FL eoboo2184638---05/20/97--01029--019 \*\*\*\*203.75 \*\*\*\*203.75 11. Ido 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 if made under oath; that I am a managing member or manager of the limited liability company of 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. SIGNATURE:

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

Daytime Phone #