


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED MAY -3 PM 4:09 umh 5/5	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
<b>1. Name and Mailing Address of Limited Liability Company</b> <b>DOCUMENT # L96000001064</b>  LINDRESORT L.C. 7799 STYLES BLVD. KISSIMMEE FL 34747		<b>1a. Principal Place of Business Address</b>  7799 STYLES BLVD. KISSIMMEE FL 34747			
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.  City & State  Zip      Country		<b>2a. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip      Country		<b>3. Date Organized or Qualified</b> 10/10/1996  <b>3a. State of Formation</b> FL  <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		<b>4. FEI Number</b> 59-3405196		<b>5. Date of Last Report</b> 04/29/1998	
		<b>6. Certificate of Status Desired</b> \$8.75 Additional Fee Required <input type="checkbox"/>			
<b>7. Name and Address of Current Registered Agent</b>  ASSERSOHN, DENISE 7799 STYLES BLVD. KISSIMMEE FL 34747			<b>8. Name and Address of New Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City      State      Zip Code <div style="text-align: right;">FL</div>		
<b>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</b>					
SIGNATURE _____ (DATE) _____ <small>(Registered Agent Accepting Appointment) (MOR) (Registered Agent Signatures Required for Change)</small>					
<b>10. Title</b>	<b>Managing Members/Managers</b>	<b>Business Street Address</b>		<b>City, State and Zip Code</b>	
MEM	STYLES, JEAN E	<del>2973 VINELAND ROAD</del> 7799 Styles Blvd		KISSIMMEE FL	
MEM	ASSERSOHN, DENISE I	<del>2973 VINELAND ROAD</del> 7799 Styles Blvd		KISSIMMEE FL	
MEM	PURRINGTON, MARGARET A	4407 VINELAND RD., SUITE D		ORLANDO FL	
MEM	BEARDSLEY, HENRY L	4407 VINELAND RD., SUITE D		ORLANDO FL	
MEM	BUTLER, ROBERT A	3900 SOUTH ROOSEVELT BLVD.		KEY WEST FL	
MEM	WALDRON, PAUL	3900 SOUTH ROOSEVELT BLVD.		KEY WEST FL	
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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 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.

**SIGNATURE:**

*JEAN E. STYLES*  
*Jean E Styles*

4/28/99 407-396-2222