File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 **DIVISION OF CORPORATIONS** 98 MAY - 1 PM 1:59 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 **DOCUMENT #** L96000001133 1a. Principal Place of Business Address MIAMI NATIONAL GOLF CLUB, L.C. 6401 KENDALE LAKE DR 6401 KENDALE LAKE DR MIAMI FL 33183 MIAMI FL 33183 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 10/25/1996 Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 65-0714092 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country \$8.75 Additional Fee Required 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent R DANIEL MAYS MAYS, R. DANIEL Street Address (P.O. Box Number Is Not Acceptable) & R. DANIEL MAYS SW 64 COURT 14610 15650 S.W. 83RD AVENUE Suite, Apt. #, etc. MIAMI FL 33157 000002516250---4 -----^{-05/07}/₂₈2...⁰¹¹²⁷⁻⁻⁰⁰⁵ City *****188.75 MIAMI 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited fiability 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 DATE (Registered Agent Accepting Appointment) (NOT) Registered Agent signature required when reinstating) Managing Members/Managers **Business Street Address** 10. Title City, State and Zip Code MGRM MAYS, R. DANIEL *FF * MMAIM 8251 GREENSBORO DRIVE STE \$605, 601, FOR DRIVE 850 MCLEAN, VA 22102 MGRM GARCHIK, STEPHEN POTOMAC* MD* 8251 GREENSBORO DRIVE STE 850 MCLEAN. VA 22102 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

RE AND TYPLD OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

attachment with an address.