File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED SECRETARY OF STATE DIVISION OF CORPORATIONS LIMITED LIABILITY COMPANY & FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAR -2 AM 10: 12 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 #** L96000001149 1a. Principal Place of Business Address FANTASEA ENTERPRISES, LLC P.O. BOX 736 646 HIGHWAY 98 ROSSVILLE GA 30741 DESTIN FL 32541 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 11/01/1996 4. FEI Number FLSulte, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 59-3407603 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country \$8.75 Additional Fee Required B. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Name RAJTAR, STEVEN A Street Address (P.O. Box Number is Not Acceptable) 1850 LEE ROAD, SUITE 115 WINTER PARK FL 32789 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 \_ DATE (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinslating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM STUTZ, DAVID L 608 SALEM ROAD ROSSVILLE GA MGRM SIEVER, ROGER 608 SALEM ROAD ROSSVILLE GA 400002445414---03/03/98--01046--013 \*\*\*\*188.75 \*\*\*\*188.75

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. 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 hustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

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

attachment with an address.

SIGNATURE: