LIMITED DABUS COMPANY AND UAL FEFT T AND UAL				SECRETARY OF STATE DIVISION OF CORPORATIONS 98 JUN 12 PM 3: 28		
FILING \$ 186	FEE Annual Report \$100.00 + \$88.75 Make Check Payable To: FLOR	Corporation Su	pplemental Fee	_		
1. Name	e and Malling Address nited Llability Company DOCUMEN			<u> </u>		
LAKE CAMILLE PLAZA LIMITED COMPANY 2340 PERIWINKLE WAY SUITE J-3 SANIBEL ISLAND FL 33957				18. Principal Place of Business Address 2340 PERIWINKLE WAY SUITE J-3 SANIBEL ISLAND FL 33957		
Suite, Ap	5 Dingman Dive 415. Suite, Al	pl. #, etc.	n Drive	3. Date Organiza O1/01/1 4. FEI Number		3a. State of Formation FL Applied For Not Applicable
3071 33	Country Zip	saso Cou		5. Date of Last F	Report	6. Certificate of Status Desired 88.75 Additional Fee Required
	7. Name and Address of Current Registered	<u> </u>		Name and Addres	s of New Regis	tered Agent/Office
2340 SULT SANI 9. Pursu its registe	PERIWINKLE WAY BEL ISLAND FL 33957 ant to the provisions of Sections 608.416 and 608.508 ared office or registered agent, or both, in the State of Figure 4 agent, and accept the obligations.		Suite, Apt. #, etc	2e (d liability company s	FL ubmits this state	zip Code 3395
SIGNATI	URE(Registered Agent Accepting Appointment)	NOTE Registered Agent signa	iture required when roinstatio		DATE	
10. Title	Managing Members/Managers	Busi	ness Street Address		City, State and Zip Code	
MGRM	RATLIFE, ROBERT L III. Janikula, Duane	2340 PERI 4155 D	iwinkle wi lingman d		Sanib 0002 -06/19 *****	##-ISLAND FL 1, FU 33957 9566709
		/7	6/12/		-06/19 ****S	566709: 9/9801121005 88.75 ****588.79

SIGNATURIT AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBEH OR MANAGER