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 98 APR 27 AM 11: 15 ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS SECRETARY OF STATE FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE MLLAHASSEE, FLORIEM Name and Mailing Address of Limited Liability Company **DOCUMENT #** L97000000082 UNIVERSITY COUNTRY CLUB FAMILY GOLF AND RE 18. Principal Place of Business Address CREATION CENTER, L.C. 9400 SW 130 AVE. -9400-SW-130-AVE. MIAMI FL 33186 MIAMI FL 33186-2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 8521 5W 150AVE 8521 5W 150 AVE Suite, Apt. #, etc. 01/22/1997 4. FEI Number FLSuite, Apt. #, etc. Applied For City & State City & State 65-0820702 Not Applicable 7L. MIAMI 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country 33143 \$8-75 Additional Fee Required 🔽 33143 ust USA 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Nama HALL, JAMES W Street Address (P.O. Box Number Is Not Acceptable) 9400 SW 130 AVE. 900002515719---0 MIAMI FL 33186 Sulte, Apt. #, etc. -05/07/98--01893--011 \*\*\*\*197.50 \*\*\*\*197.50 City 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

(Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR HALL, JAMES W 9400 SW 130 AVE. MIAMI FL MGR VISAGGIO, PAULS 9400 SW 130 AVE. MIAMI FL Minmi 71. 33/93 NEVILLE, THOMAS F. AS21 SW 150 Ave. MGR

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:

IGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

- 4/23/98

305-312-7369

Daytime Phone #