File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** 98 MAY -4 PM 3: 45 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SECRETARY OF STATE TALLAHASSEE, FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L97000000200 1a. Principal Place of Business Address PARADISE LAKE FOREST, L.C. 1711-A SOUTH TENTH STREET 1711-A SOUTH TENTH STREET SAFETY HARBOR FL 34695 SAFETY HARBOR FL 34695 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 2901 Rigsby Lane 2901 Rigsby Lane 02/18/1997 4. FEI Number Sulte, Apt. #, etc. Suite, Apt. #. etc. Applied For City & State City & State 59-3426465 5. Date of Last Report 6. Not Applicable Safety Harbor, FL Safety Harbor, FL 6. Certificate of Status Desired Country Country Zip \$8.75 Additional Fee Required 34695 RESERVE 34695 RXKKXXXX 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office PARADISE DEVELOPMENT GROUP, INC. Street Address (P.O. Box Number is Not Acceptable) 1711-A SOUTH TENTH STREET 2901 Rigsby Lane SAFETY HARBOR FL 34695 Sulte, Apt. #, etc. City Zip Code Safety Harbor 34695 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named fimited 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) Managing Members/Managers **Business Street Address** 10. Title City, State and Zip Code MGR PARADISE DEVELOPMENT G SAFETY HARBOR FL eoboo2519**61**8---05/12/98--01018--010 ****188.75 ****188.75

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

SNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

7/07/7

Playtime Phone #