FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT				F	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State				gu c	n		•		
1997 FILING FEE Annual Report \$100.00 + \$103.75					DIVISION OF CORPORATIONS				FILED					
\$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE														
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L9700003									CANTANY OF STATE					
SUMMERLIN STORGARD V, L.C. 647 MASSACHUSETTS, SUITE 210										, i comon				
LAWRENCE KS 66044														
	mailing address at Piace of Bu		t Information and enter correction in Block 2a. ng Address				3. Date Organized or Qualified 3a. State of				f Formation			
10791 SUMMERLIN ROAD					And Made				02/27/97			FL		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				-	4. FEI Number			Applied For		
Chy& State FT. MYERS, FL				City & State					65-07 51 1	Not Applicable				
žip	Country			Zip Coun				ł	5. Date of Last	` .	` l			ᄮ
33908		USA				<u> </u>			N/A			6 A SCHOOL PAR REQUISE		
7. Name and Address of Current Registered A						-	Name	Name and Add	iress of New Ke	gisterea	Agent			
J. GEOFFREY PFLUGNER, EQUIRE						<u> </u>	Streel Address (P.O. Box Number Is Not Acceptable)							
2033 MAIN STREET, SUITE 101						L						<u></u>		
SARASOTA, FL 34327					Suite, Apt. #, etc.			etc.						
•					City					FL	Zip Cod	0		
									ability company s	bmits this state				
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.													,,,,,	
SKINATURE										DATE				
10. Title	Managing Members/Managers				Business Street Address									
MGRM	J. E. SANTAULARIA				647 MASSACHUSETTS,						-		66044	
MEM	HEATHERWOOD HOMES, INC				17693 SUMMERLIN RO				ND.	FT. MYE	ERS,	FL	3390	8(
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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 socurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member of													t the	
manager of the limited liability company or the receiver or truetee empowered to execute this report as required by Chapter 608, Fiorida Stalutes; and that my name appears in Blook 10, or on an attachment with an address.													ns In	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER 1 (3) (78 749.000) Daylime Phone #												<u> </u>		

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