File on or before May 1, 1998 or Limited Liability Company will be

subject to a \$ 400.00 LATE FEE. FILED LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT 98 MAY 20 PM 4: 09 Secretary of State 1998 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L97000000254 1a. Principal Place of Business Address JOHNSON BEACH VENTURES, L.C. 1100 AIRPORT BLVD 1100 AIRPORT BLVD PENSACOLA FL 32504 PENSACOLA FL 32504 2a. Mailing Address 2. Principal Place of Business 3. Date Organized or Qualified 3a. State of Formation 02/28/1997 I. FEI Number Suite, Apt. #, etc. Sulte, Apt. #, etc. Applied For City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country SB 75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office SHELL, STEPHEN B Street Address (P.O. Box Number is Not Acceptable) 226 PALAFOX PLACE 700002536957---05/27/98--01083--003 NINTH FLOOR, SEVILLE TOWER Sulte, Apt. #, etc. PENSACOLA FL 32501 ****188.75 ****188.75 Zip Code City 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 ____ (Begistered Agent According Applicationent) (NOTE Registered Agent signature required when reinstalling) 10. Title Managing Members/Managers **Business Street Address**

City, State and Zip Code MRGM TRAWICK, STEPHEN C 1100 AIRPORT BLVD PENSACOLA FL MRGM PAGE W, LTD. 1352 STERLING POINT DRIVE GULF BREEZE FL

1. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Floride Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same tegal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trusted employeers in Block 10, or on an attachment with an address.

SIGNATURE:

VIOR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER