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 FILED ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 APR - 1 PH 4: 09 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 188.75 Name and Mailing Address of Limited Liability Company **DOCUMENT #** L9700000406 1a. Principal Place of Business Address ROYAL WINDS DEVELOPMENT, L.C. 1130 W. PENDER ST., STE. 1400, VANCOUVER 1130 W. PENDER ST., STE. 140 BRITISH COLUMBIA V6E 4A4 BRITISH COLUMBIA V6E 4A4 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 04/10/1997 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 58-2304648 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name THOMPSON, STEPHEN E Street Address (P.O. Box Number is Not Acceptable) 850 PARK SHORE DR., 3RD FL. NAPLES FL 34103 Sulte, Apt. #, etc. 100002482201--6 -04/08/98--01023--008 ****188.75 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. (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code 1130 W. PENDER ST., STE. 1 BRITISH COLUMBIA V6E MGR GALBRAITH, ROSS H MGR TYNAN, BRENT 1130 W. PENDER ST., STE. 1 BRITISH COLUMBIA V6E Wille 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

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

Poss Galbraith
MANALER

attachment with an address.

SIGNATURE: