*File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. SECRETARY OF STATE LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT DIVISION OF CORPORATIONS Secretary of State 1998 DIVISION OF CORPORATIONS 98 APR -8 AM 9: 38 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 Llability Company DOCUMENT # L97000000451 MCCLELLAN FLORIDA LIMITED LIABILITY COMPAN 1a. Principal Place of Business Address 2340 PERIWINKLE WAY 2340 PERIWINKLE WAY SUITE J-3 SUITE J-3 SANIBEL ISLAND FL 33957 SANIBEL ISLAND FL 33957 3. Date Organized or Qualified | 3e State of Formation 2. Principal Place of Business 2a. Mailing Address 04/25/1997 4. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 6. Certificate of Status Desired 5. Date of Last Report Country Žφ Country \$8.75 Additional Fee Required 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent MCCLELLAN, WILLIAM J Street Address (P.O. Box Number is Not Acceptable) 2340 PERIWINKLE WAY SUITE J-3 Suite, Apt. #, etc. SANIBEL ISLAND FL 33957 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) **Business Street Address** City, State and Zip Code 10. Title Managing Members/Managers MEM MCCLELLAN, WILLIAM J 2340 PERIWINKLE WAY, STE J SANIBEL ISLAND FL MEM MANOR HOMES, INC. 2340 PERIWINKLE WAY, STE J SANIBEL ISLAND FL 10002487301--9 -04/14/98--01008--003 ****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:

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

3-2-98

Daytime Phone #