## 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 **ANNUAL REPORT** Secretary of State 98 MAY - 1 PM 12: 17 1998 DIVISION OF CORPORATIONS FILING FEE | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L97000000678 1a. Principal Place of Business Address V & G ENTERPRISES, LADY LAKE, LLC 1504 GARDENA CT 1504 GARDENA CT LADY LAKES FL 32159 LADY LAKES FL 32159 rincipal Place of Busin 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 06/23/1997 Suite, Apt. #, etc. Applied For City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office VAN SANTEN, GEORGE Street Address (P.O. Box Number is Not Acceptable) 1504 GARDENA CT LADY LAKES FL 32159 Suite, Apt. #, etc. 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\_ DATE \_ (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR VAN SANTEN, GEORGE 1504 GARDENA CT LADY LAKES FL MGR VAN SANTEN, VIRGINIA 1504 GARDENA CT LADY LAKES FL

11.1 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 ilmited liability company or the receiver or trustee empowered to exacute 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 AND TYPED OFF PRINTED NAME OF SIGNING MANAGING MEMBER