File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. The first first first first FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 98 MAR 11 AM 8:57 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SECKS TARY OF ST. TALLAHASSEE.FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 188.75 Name and Mailing Address of Limited Liability Company DOCUMENT # L97000000717 1a. Principal Place of Business Address BEN'S HITCHING POST CAMPGROUND, L.C. 2440 NE 115TH AVE. 2440 NE 115TH AVE. SILVER SPRINGS FL 34488 SILVER SPRINGS FL 34488 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 6. Certificate of Status Desired Zip Country Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office SCHULTZ, PATRICIA Street Address (P.O. Box Number is Not Acceptable) 2440 NE 115TH AVE. SILVER SPRINGS FL 34488 Suite, Apt. #, etc. City 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 DATE red when reinstating 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MEM SCHULTZ, PATRICIA 2440 NE 115TH AVE. SILVER SPRINGS FL MEM SCHULTZ, LEROY 2440 NE 115TH AVE. SILVER SPRINGS FL 500002458555---03/16/98--01120--011 ****188.75 ****188.75 11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual report is true and accurate and that my signature shift 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 the report of required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE:

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

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