File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. fill LU SECRETARY OF STATE production of Corporations FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 MMR - 9 JM 9: 16 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 # 197000000717 BEN'S HITCHING POST CAMPGROUND, L.C. 1a. Principal Place of Business Address 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 06/26/1997 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 59-3453610 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country 34488 \$8.75 Additional Fee Required 03/11/1998 34488 mario 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent/Office Name SCHULTZ, PATRICIA 2440 NE 115TH AVE. Street Address (P.O. Box Number is Not Acceptable) SILVER SPRINGS FL 34488 Suite, Apt. #, etc 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. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE ... (Registered Agent Accepting Application (b) (b) (E. Boy, terost A jent signation required when the 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MEM SCHULTZ, PATRICIA 2440 NE 115TH AVE. SILVER SPRINGS FL MEM SCRULTZ, LEROY 2440 NE 115TH AVE. SILVER SPRINGS FL 2**1**00008900073 -03/09/99--01092--019 \*\*\*\*189.75 \*\*\*\*189.75 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. If urther 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