File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. DIVISION OF CORPORATIONS LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS 98 APR 29 AMII: 30 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 #** L9700000910 Thomason Leisure Enterprises, L.C. 1a. Principal Place of Business Address 2. Principal Place of Business 3. Date Organized or Qualified 3a. State of Formation 9104 58th Drive East **▲** 58th Drive East Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 201 Applied For Suite 201 City & State City & State 65**-0**780761 Not Applicable Bradenton, F1. Bradenton, 5. Date of Last Report 6. Certificate of Status Desired Country New as of Aug.97 \$8.75 Additional Fee Bequired 34202 Manatee Manatee 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Elizabeth Thomason Street Address (P.O. Box Number is Not Acceptable) 6204 98th Street East Bradenton, F1. 34202 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. I hereby accept the appointment as registered agent, and accept the obligations. Managing Members/Managers Business Street Address 10. Title City, State and Zip Code Moem W. Mark Thomason 6204 98th Street East MBRM Elizabeth Thomason Bradenton, F1 34202 200002511422--2 -05/05/98--01111--001 \*\*\*\*197.50 \*\*\*\*197.50 11. Ido hereby certify that the information supplied with this filling 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: