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 MAR 30 PH 2: 21 1998 **DIVISION OF CORPORATIONS** FILING FSE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECLE MAY OF SORIEM TALLAHASSEE, FLORIEM Name and Mailing Address of Limited Liability Company **DOCUMENT #** L97000001178 1a. Principal Place of Business Address GOLFSIDE COMMUNITY BUILDERS, L.C. 8825 TAMIAMI TRAIL EAST 8825 TAMIAMI TRAIL EAST NAPLES FL 34113 NAPLES FL 34113 3. Date Organized or Qualified 3a. State of Formatic 2a. Malling Address 2. Principal Place of Business 10/22/1997 4. FEI Number FLSuite, Apt. #, etc. Suite, Apt. #, etc. Applied For 59-3473682 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Zρ Country \$8.75 Additional Fee Required 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent DE LANGE, LUIT Street Address (P.O. Box Number is Not Acceptable) 8092 TIGER LILY DRIVE NAPLES FL 34113 Suite, Apt. #, etc. -04/02/38--01084--002 ****188.75 ****188.75 | zip Code 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_ (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) Managing Members/Managers **Business Street Address** City, State and Zip Code 10. Title 1880 NORTH BAHAMA AVE. MARCO ISLAND FL MGR RYAN, JOSEPH R MGR 8092 TIGER LILY DRIVE NAPLES FL DE LANGE, LUIT 993 LAKESHORE DRIVE GROSSE POINT SHORE M MGR VIVIANO, VITO

11. I do 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 fegal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as equired by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: y

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IONATI IRE AND TYPED TO PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/27/48 (941) 793.4522 Date Dayline Prone #