

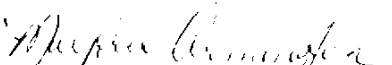


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| FILING FEE \$ 188.75 | | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | |
| 1. Name and Mailing Address of Limited Liability Company ARMINGTON RANCH, L.C. P.O. BOX 1346 LAKE WALES FL 33853 | | DOCUMENT # L97000001189 | | 1a. Principal Place of Business Address 2500 BOY SCOUT RD. LAKE WALES FL 33523 | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | | 2a. Mailing Address Suite, Apt. #, etc. City & State Zip | | 3. Date Organized or Qualified 10/27/1997 3a. State of Formation FL 4. FEI Number 59-3483463 5. Date of Last Report 03/09/1998 | |
| 7. Name and Address of Current Registered Agent CRITTENDEN, ROBERT R 103 AVENUE A, N.W. WINTER HAVEN FL 33881 | | 8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 300002868993-5 -05/10/99--01134-010 ****188.75 FL | | | |
| 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 _____ <small>(Required Agent Accepting Appointment) (Required Agent Accepting Appointment)</small> | | | | | |
| 10. Title | Managing Members/Managers | Business Street Address | | City, State and Zip Code | |
| MGR | ARMINGTON, MARJORIE | P.O. BOX 1348 N/A | | LAKE WALES FL  | |
| 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. 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:  4/2/99 9:41:00 PM | | | | | |