File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR 22 PM 3: 40 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT** # 197000001204 Name and Mailing Address
of Limited Liability Company CASA DEL SOL, L.C. 3700 WEST LAKE HAMILTON DRIVE 1a. Principal Place of Business Address 3700 WEST LAKE HAMILTON DRIV WINTER HAVEN FL 33881 WINTER HAVEN FL 33881 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 10/27/1997 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country 03/02/1998 \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office VINCE 3700 WEST LAKE HAMILTON DRIVE Street Address (P.O. Box Number is Not Acceptable) WINTER HAVEN FL 33881 Suite Apt #, etc Zip Code i 6 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing Sections 608 gen, prooth Pursuant to the provisions d the State of Florida. Such change was authorized by affirmative voto of a majority of the members. Thereby accept the appointment its registered office or registere 2-25-99 SIGNATURE 10. Title ging Members/Managers **Business Street Address** City. State and Zip Code MGR PLATI, VINCE 3700 WEST LAKE HAMILTON DR WINTER HAVEN FL MOR 9709 WEST LAKE HAMILION DR 3700 West Lake Hamilton Dr. Winter Haven, FL. MGR. Plati, Larry 600002853116--2 -04/27/39--01052--001 ****377.50 ****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. 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

xecute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

11 Idohereby centry that the minormation supplies and that my similar disability company or the receiver of trustee emptywered to

attachment with an address

JNHSE10 R (12-98)