

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE	
ANNUAL REPORT		Sandra P. Murtham Secretary of State	
1998		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 DOCUMENT # L9700000 1415 GUILDHOUSE COUNTRY CLUBS, L.C. 279 Perignon Place Naples, FL 34119		1a. Principal Place of Business Address 279 Perignon Place Naples, FL 34119	
2. Principal Place of Business 4100 Corporate Square Suite, Apt. #, etc. Suite 118 City & State Naples, FL Zip 34104 Country US		2a. Mailing Address 4100 Corporate Square Suite, Apt. #, etc. Suite 118 City & State Naples, FL Zip 34104 Country US	
3. Date Organized or Qualified December 18, 1997		3a. State of Formation Florida	
4. FEI Number 59-3484225		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired \$8.75 Additional Fee Required <input checked="" type="checkbox"/>	
7. Name and Address of Current Registered Agent Jeffrey Scott Szorik 279 Perignon Place Naples, FL 34119		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL 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.			
SIGNATURE _____		DATE _____	
(If Registered Agent Accepting Appointment) (NOT Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	Jeffrey Scott Szorik	4100 Corporate Square, #118	Naples, FL 34104
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: _____		Date _____	
_____		Daytime Phone # _____	