
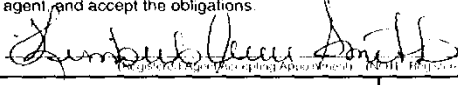
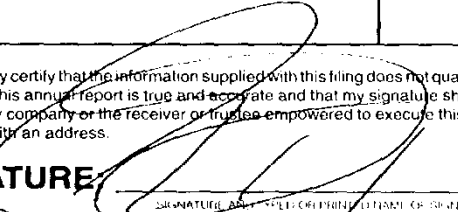


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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|---|---------------|---|--|---|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | FILED 99 MAR 12 PH 1:24 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| 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 # L98000000028 FOREST VILLAGE FLORIDA GROUP, L.C. 201 EAST HAVEN AVENUE MELBOURNE FL 32901 | | 1a. Principal Place of Business Address 201 EAST HAVEN AVENUE MELBOURNE FL 32901 | | | |
| 2. Principal Place of Business 3701 MEADOW LARK Suite, Apt. #, etc. | | 2a. Mailing Address 3701 MEADOW LARK Suite, Apt. #, etc. | | 3. Date Organized or Qualified 01/02/1998 | |
| City & State COCOA, FLA Zip 32926 | | City & State COCOA, FLA Zip 32926 | | 3a. State of Formation FL | |
| Country BREVARD | | Country BREVARD | | 4. FEI Number 59-3483974 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 7. Name and Address of Current Registered Agent ENGLE, DOUG 201 EAST HAVEN AVENUE MELBOURNE FL 32901 | | 5. Date of Last Report 3/8/99 | | | |
| 8. Name and Address of New Registered Agent/Office Name Kim Smith Street Address (P.O. Box Number is Not Acceptable) 3701 MEADOW LARK Suite, Apt. #, etc. City COCOA Zip Code FL 32926 | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 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 3/8/99 | | | | | |
| 10. Title | | | | | |
| Managing Members/Managers | | Business Street Address | | City, State and Zip Code | |
| MGRM | HORD, RONALD | 201 EAST HAVEN AVENUE | | MELBOURNE FL | |
| MGRM | SIMON, JOHN J | 201 EAST HAVEN AVENUE | | MELBOURNE 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  | | | | | |