

FILED Jan 26 2000 8:00 am Secretary of State

| LIMITED LIABILITY COMPANY DIVISION OF CORPORATIONS | | | | | | | Secretary of State | | | |
|---|-------------------------------------|---|-----------------------------|--|-------------------------|--|---|-----------------------------------|--|--|
| Make | Check P | ayable To: FLO | RIDA D | EPARTM | ENT | OF STATE | | | | |
| 1. Name and Mailing Address of Limited Liability Company DOCUMENT # 19800000652 | | | | | | | TALLAHASSEE, FLORIDA | | | |
| PERDIDO KEY BEACH PROPERTIES, L.C. | | | | | | | 1a. Principal Pla | ce of Business | Address | |
| 13585 Perdido Key Drive | | | | | | | 13785 Perdido Key Drive | | | |
| Pensacola, FL 32507 | | | | | | | Pensacola, FI 32507 | | | |
| | | | | | | | | | | |
| If above r | | incorrect in any way, fine throi | | incorrect information and enter correction in Block 2. | | | 3. Date Organize | ed or Qualified | 3a. State of Formation | |
| 13785 Perdido Key Dr | | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | May 21 | , 1998 | Florida | | |
| | | | | | | 4. 1 2 ((((((((((((((((((| | Applied For | | |
| City & State | | | City & State | | | • | 59-350 | 63432 | Not Applicable | |
| Pensacola,FL Zip Country | | | Pensacola, F | | | | 5. Date of Last F | Report | 6. Certificate of Status Desired | |
| 32 | 507 | Escambia | 325 | 507 | Es | cambia | N/A | | \$8.75 Additional Fee Required | |
| | _ | and Address of Current F | Registered | Agent | | | 8. Name and Add | ress of New Re | gistered Agent | |
| | | | | | | Name | 11. | | | |
| William Lagman Will Street Address (F | | | | | | | iam Lagman P.O. Box Number is Not Acceptable) | | | |
| 13785 Perdido Key Drive 137 | | | | | | | 35 Perdido Key Drive | | | |
| Pensacola, FL 32507 | | | | | | | | | | |
| c/o Gulf Coast Accomodations | | | | | | | | | Zip Code | |
| | | | | | | City | acola | FL | 32507 | |
| 9. I, being appointed the registered agent of the above named limited liability company, am familiar with | | | | | | | | | | |
| | | - / // | <u>م</u> ۱ | 0 | | | | | | |
| Signature of William Frame | | | | | | | 1/10 /00 | | | |
| Registered Agent Provided Registered Agent MUST SIGN | | | | | | | Date 1/19 /00 | | | |
| 10. Title | Title Managing Members/Managers | | | Business Street Address | | | | С | ity, State & Zip Code | |
| X\$MXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | | | | âx Xia | XZÎ W XÎ XÎ XXX X | NAMES X X X X | x xxxxixex x | TANAN KARANTAN | |
| | | | | | | | | 212 1212 12 | X XXXXXXX | |
| Mem/PK-1, I.I.C By William P | | | | | | Legman | | | | |
| Mem | _r Ralph | W. Brockman | | | | | 0003 | 121567 9 | | |
| ~~ ~ | | | | | | | | -02/02 | 121567-5 2/0001101024 | |
| | | | | | | | | 水水水水之 | 00.00 ****200.00 | |
| . | | | | } | | | | | | |
| [| | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| <u>-</u> | | | | | | | | | | |
| ´ | ţ | | | | | | , | | | |
| | | | | | | | | | 08, F.S. I further certify that when | |
| tiling this re all fees owe | instatement ap ed by the fimited | plication the reason for diss I liability company have bee | olution has en paid. The | been eliminated information inc | d, the lin dicated o | nited liability compai on this application is | ny name satisfies th true and accurate, a | e requirements and my signatur | of section 608.406, F.S., and that e shall have the same legal effect | |

William Lagman

Signature of

as if made under oath.

Managing Member/Manager

Wallian

Typed or printed name of signing Managing Member/Manager