File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State
DIVISION OF CORPORATIONS FILED 1999 99 APR 16 PM 6: 02 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE

FALLAHASSEE FLORIDA

TORON BUSINESS AND TORONS

TORON B Name and Mailing Address
 of Limited Liability Company **DOCUMENT # 198000000751** GULF TOWERS, L.L.C. 6301 MARBELLA BAVY. MPOLIO BEACH PL 33972 630x MAKBELLA BLVD. ABOULD BEACH AT \$3572 ADDRESS CHANGE 3. Date Organized or Qualified 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 06/09/1998 FL6544 US Hwy 41 N., Ste. 209B 6544 US Hwy 41 N., Ste. 209B 4. FEI Number Apollo Beach, FL 33572 Applied For Apollo Beach, FL 33572 65-0848084 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country S8 75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office CURATELLI, JOHN J 6544 US Hwy 41 N., Ste. 209B Street Address (P.O. Apollo Beach, FL 33572 6544 US Hwy 41 N., Ste. 209B Apollo Beach, FL 33572 Suite, Apt. #, etc. Zin Code City 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 chappe was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations rotet SIGNATURE pain diwhen terreliging) ess Street Address City, State and Zip Code 10. Title Managing Memi 6301 MARBELLA BLVD. APOLLO BEACH FL MGRM CURATELLI, JOHN J F(M)/M)/2849736---(14/23/93--01082--016 ****188.75 ****188.7 4e 20-99 1. 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 iddicated 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 firmited 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:

AGING MEMBER OH MANAGER

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