subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT FILED Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAY -3 PH 5: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # 198000000771** 1a. Principal Place of Business Address OKEECHOBEE EXECUTIVE BUILDERS, LLC 8625 SW 9TH STREET 8625 SW 9TH STREET OKEECHOBEE FL 34974 OKEECHOBEE FL 34974 3. Date Organized or Qualified 2 Principal Place of Business 2a. Mailing Address 3a. State of Formation 06/11/1998 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable

Country

7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office ESTIME, GILBERT 17454 SW 79TH COURT MJAMI FL 33157

Zip

File on or before May 1, 1999 or Limited Liability Company will be

Street Address (P.O. Box Number is Not Acceptable) 100002867371---05/07/99--01087--013-Suite, Apt. #, etc. ****197.50 ****197.50 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

5. Date of Last Report

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. Thereby accept the appointment as registered agent, and accept the obligations

Business Street Address

SIGNATURE (Registered Agent Accepting Appointniont). (NOTE Registered Agent signature required when restailing) DATE. _

MGRM WILCOX, NOAH AUEKER S 8625 SW 9TH STREET OKEECHOBEE FL MGRM WILCOX, NOAH AUEKER OKEECHOBEE FL J 8625 SW 9TH STREET OKEBONOBEL EL

City, State and Zip Code

Managing Members/Managers

Country

Wilcox, Noah Rucker Sr. 8625 Sw 945t.

Wilcox, Noah Rucker Jr. | 8625 Sw 9th. st. MGR

OKrechobce F!

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, Flonda Statutes, and that my name appears in Block 10, or on an ettachment with an address

SIGNATURE:

6. Certificate of Status Desired

\$8.75 Additional Fee Required

10. Title