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 FILED Secretary of State 1999 DIVISION OF CORPORATIONS 00 APR -8 PM 5: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # L98000000942** 1a. Principal Place of Business Address ROBARB AND JOHNSON DEVELOPERS, LLC C/O WILLIAM J. ROBARE C/O WILLIAM J. ROBARE 15715 NORTH TAMIAMI TRAIL 15725 NORTH TAMIAMI TRAIL NAPIES FL 34110 NAPLES FL 34110 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 07/02/1998 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office ROBARE, WILLIAM AJ 15725 NORTH TAMIAMI TRAIL Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34110 Suite, Apt #, etc. 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. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE ___ 10. Title Managing Members/Managers **Business Street Address** City. State and Zin Code NGR ROBARE, WILLIAM J 15725 NORTH TAMIAMI TRAIL NAPLES FL T.J.C. APR 1 4 1999 7:0002842747----04/16/89--01094--025 ****188.75 ****188.75

11 Ido 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 Bigok 10, or on an

SIGNATURE: William fletare William - T. Robaco 3/23/99/941-514-

INHSE10 R (12-98)