
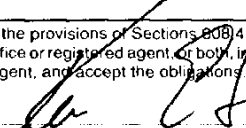
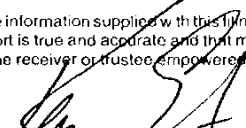


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | FILED 99 MAR 12 PM 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 # L98000001035 LAKELAND RV RESORT, L.C. 900 OLD COMBEE ROAD LAKELAND FL 33805 | | 1a. Principal Place of Business Address 900 OLD COMBEE ROAD LAKELAND FL 33805 | | | | | | | | | | | | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | 3. Date Organized or Qualified 07/13/1998 3a. State of Formation FL 4. FEI Number 59-3522759 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | |
| 7. Name and Address of Current Registered Agent EMERT, KEN 900 OLD COMBEE ROAD LAKELAND FL 33805 | | 8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City State Zip Code <div style="text-align: right;">FL</div> | | | | | | | | | | | | | | | |
| 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 3/14/99 | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> <tr> <td>MGR</td> <td>EMERT, KEN</td> <td>900 OLD COMBEE ROAD</td> <td>LAKELAND FL</td> </tr> <tr> <td>MGR</td> <td>EMERT, ROBBIE S</td> <td>900 OLD COMBEE ROAD</td> <td>LAKELAND FL</td> </tr> </table> | | | | | | 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code | MGR | EMERT, KEN | 900 OLD COMBEE ROAD | LAKELAND FL | MGR | EMERT, ROBBIE S | 900 OLD COMBEE ROAD | LAKELAND FL |
| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code | | | | | | | | | | | | | | |
| MGR | EMERT, KEN | 900 OLD COMBEE ROAD | LAKELAND FL | | | | | | | | | | | | | | |
| MGR | EMERT, ROBBIE S | 900 OLD COMBEE ROAD | LAKELAND 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:  | | KEN EMERT | | 3/10/99 | | | | | | | | | | | | | |

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