


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 <i>Secretary of State</i> DIVISION OF CORPORATIONS	
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 # L98000001641 COUNTRY CLUB PLACE, L.L.C. P.O. BOX 99 GULF BREEZE FL 32562		1a. Principal Place of Business Address 350 PENSACOLA BEACH BLVD. GULF BREEZE FL 32561	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 08/27/1998 3a. State of Formation FL 4. FEI Number 59-3529512 5. Date of Last Report N/A 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent LYONS, MARK III 350 PENSACOLA BEACH BLVD. GULF BREEZE FL 32561		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 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 _____	
<small>(Registered Agent Accepting Appointment) (N/A: Registered Agent Signature Required When Not Accepting)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	LYONS, MARK III	P.O. BOX 99	GULF BREEZE FL
7000002868537--5 -05/07/99--01158--001 ****188.75 ****188.79 <div style="font-size: 2em; transform: rotate(-15deg); margin-top: 20px;"> 5-5-99 </div>			

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:

Mark Lyons

4-27-99

850 934-0440

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER OR MANAGER

Date

Telephone Number