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 FILED Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR 14 AM IO: 46 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee TALLAHASSEÉ, FLORÍDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE DOCUMENT # 198000001999 Name and Mailing Address of Limited Liability Company DILLON GARDENS, L.L.C 1a. Principal Place of Business Address 3038-C-N. FEDERAL HIGHWAY -3038-C-N. FEDERAL HIGHWAY-FT. LAUDERDALE FL 33306 -FT. LAUDERDALE FL 33306 3. Date Organized or Qualified 09/25/1998 ncipal Place of Business 3a. State of Formation  $\mathbf{FL}$ 800 INVERRARY BLY 4. FEI Number Applied For 58-2422066 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office DAVIS, ROBERT M 3030 C N. FEDERAL HIGHWAY Street Address (P.O. Box Number is Not Acceptable)
3800 IN UCKARY BEVA FT. LAUDERDALE FL 33306 Suite 209 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 DATE April 12,1999 SIGNATURE 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code suite 209 DAVIS, ROBERT M MGRM FOCHE, HENRY MGRM 12+ Street FOCKE INVERRARY BLYD 100002848271 8 -04/22/30\_-01111--010\_ \*\*\*\*197.50 \*\*\*\*197.50 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 it 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

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SIGNATURE: X