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 FEB 22 Ph 2: 18 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETART OF STATE TALLAHASSEE, FLORIDA Name and Mailing Address
of Limited Liability Company **DOCUMENT #** L98000002342 1a. Principal Place of Business Address TRANQUIL HARBOR DEVELOPERS, L.C. 151 REGIONS WAY, BUILDING 1, SUITE A 151 REGIONS WAY, BUILDING 1, DESTIN FL 32541 DESTIN FL 32541 SUITE A 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 59-3547403 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Ζip Country Zip N/A \$8,75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name DEARMON, DELYS Street Address (P.O. Box Number is Not Acceptable) 151 REGIONS WAY, BUILDING 1, SUITE A 5000002789125 DESTIN FL 32541 Suite, Apt. #, etc. -(12/26/99--01095--008 ****18# Z# Code**** 188.75 City 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 _ (Registered Agent Accepting Appointment). [DOTE Registered Agent signature required when revisioning) **Business Street Address** 10. Title Managing Members/Managers City, State and Zip Code MGRM DEARMON, DELYS 151 REGIONS WAY, BUILDING DESTIN FL

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. Hurther 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 fliability 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: