File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE FILED Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 97 APR 28 TH 5: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 188.75 Name and Mailing Address of Limited Liability Company **DOCUMENT #** L98000002631 Principal Place of Business Address MAJESTIC MOTEL AND RESORT, L.C. 10901 FRONT BEACH ROAD 10901 FRONT BEACH ROAD PANAMA CITY BEACH FL 32407 PANAMA CITY BEACH FL 32407 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 11/09/1998 FLSuite, 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 Ζip Ζip Country Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office KIEHN, ROLAND W ESQ. 220 MCKENZIE AVENUE Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY FL 32407 Suite, Apt. #, etc. City 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. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE _ DATE _.._ (Registered Agent Accepting Appointment) (NOTE Registered Agent's gnature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MEM DETULLIO, JONATHAN 10901 FRONT BEACH ROAD PANAMA CITY BEACH FL MEM DETULLIO, LEONARD 10901 FRONT BEACH ROAD PANAMA CITY BEACH FL 800002868708---05/07/99--01161--016 ****188.75 ****188.79

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

Dayline Phone #

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attachment with an address.

SIGNATURE: