


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

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|--|---------------------------|---|--------------------------|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State 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 WILSHIRE LAKES DEVELOPMENT, LLC 2043 TRADE CENTER WAY NAPLES FL 34109 | | DOCUMENT # L98000002813 1a. Principal Place of Business Address 2043 TRADE CENTER WAY NAPLES FL 34109 | |
| 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 11/20/1998 | | 3a. State of Formation FL | |
| 4. FEI Number 59-3547682 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Date of Last Report | | 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 7. Name and Address of Current Registered Agent SOAVE, JOHN F 2043 TRADE CENTER WAY NAPLES FL 34109 | | 8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL 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 Signature Required when changing) | | | |
| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
| MGRM | SOAVE, JOHN F | 194 MAHOGANY DRIVE | NAPLES FL |
| MGRM | LIEBERFARB, STANLEY J | 4001 NORTH TAMiami TRAIL, | NAPLES FL |
| 400002883154-9 -05/24/99--01001--007 ****188.75 ****188.75 APR 19 1999 | | | |

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: _____

SECRETARY OF STATE, DIVISION OF CORPORATIONS, 1000 PENNSYLVANIA AVENUE, N.W., WASHINGTON, D.C. 20004-4400