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 Hades ANNUAL REPORT Secretary of State CO MAR 29 PH 5: 00 1999 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # L98000002935** 1a. Principal Place of Business Address SOUTHERN GROVE III, LLC 117 BOUGANVILLA DRIVE 117 BOUGANVILLA DRIVE PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 8608 Beach Blud 11/18/1998 FL4. FEI Number Applied For 59-3547280 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 FINLAY, CHRISTOPHER 117 BOUGANVILLA DRIVE Street Address (P.O. Box Number Is Not Acceptable) PONTE VEDRA BEACH FL 32082 Suite, Apt. #, etc 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 _ HAG (Registered Agent Accepting Appliantment) (NOTE Registered Agent signature required when relief string) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code FINLAY PROPERTIES, INC 117 BOUGANVILLA DRIVE MGR PONTE VEDRA BEACH FL 5mmm2833145---04/08/99--01050--017 ****188.75 ****188.7\$ 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. If further certify that the information indicated on this annual report is true and accurate and that ply 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 lability countries by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

NHSE10 R (12-98)