File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. Eliku .... FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAY 12 AT 9: 19 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 #** L98000002993 1a. Principal Place of Business Address THE ARBORS DEVELOPMENT GROUP, L.L.C. 171 E. GRANADA BLVD. 171 E. GRANADA BLVD. ORMOND BEACH FL 32176 ORMOND BEACH FL 32176 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 11/23/1998 Suite, Apt #, etc. Suite, Apt #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office BAYER, DENNIS K ESQ. 306 SOUTH OCEANSHORE BLVD. Street Address (P.O. Box Number Is Not Acceptable) FLAGLER BEACH FL 32136 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 aftermative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE \_ .... DATE (Bugstere LAger LA repring Application) of the Kirl Register of Agent superior requires when a control op-10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM GREEN, JOHN 3142 PT. WHITE DRIVE BAINBRIDGE ISLAND WA MGRM PIATT, DOUG 2084 N. CENTRAL AVENUE FLAGLER BEACH FL MGRM THE ARBORS L.L.C., 1420 N.W. GILLMAN BLVD., ISSAQUAH WA Educio 2880626----05/20/99--01010--009 \*\*\*\*188.75 \*\*\*\*188.75 11 Ido hereby certify that the information supp not qualify for the exemption stated in Section 1 19.07(3) (i), Florida Statutes. Hurther certify that the information indicated on this annual report is true and acc gnature shall have the same legal effect as if made under oath, that I am a managing member or manager of the execute this report as required by Chapter 608, Fforida Statutes; and that my name appears in Block 10, or on an limited liability company or the received attachment with an address SIGNATURE:

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