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 Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 92 to 1 - 1 TO 164 05 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # L98000003437** 1a. Principal Place of Business Address VILLA LAS MARIAS, L.L.C. 3300 PGA BLVD., SUITE 350 3300 PGA BLVD., SUITE 350 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 12/23/1998 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 6. Certificate of Status Desired S8 75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name PROBST, DANIEL J 3300 PGA BLVD., SUITE 350 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS FL 33410 Suite, Apt. #, etc. 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 \_\_\_ DATE (Registered Agent Accepting Appointment). (NOTE: Registered Agent signature required when renot thing) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM ELIZECHE, MARIA LOURDE 3300 PGA BLVD., SUITE 350 PALM BEACH GARDENS F 7**100002798827** -03/09/99--01024--003 \*\*\*\*188.75 \*\*\*\*188.79 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. 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

SIGNATURE AND TYPE DO DEPRINTED NAME OF SIGNING MANAGING MEMBER OF MANAGING A

SIGNATURE:

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