Flie on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE FILE () SECRETARY OF STATE DIVISION OF CORPORATIONS LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAR 18 AM 10: 37 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** # 199000000009 1a. Principal Place of Business Address GILES DEVELOPMENT, L.L.C. 2405 PIPER BOULEVARD 2405 PIPER BOULEVARD NAPLES FL 34110 NAPLES FL 34110 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 12/31/1998 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 65-0887171 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office STERLING, JACK 2405 PIPER BOULEVARD Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34110 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 DATE (Registered Agent Accepting Approximation). (IVOI). Registered Agent signature region (which is outlifug). 1**d** Title Managing Members/Managers **Business Street Address** City. State and Zip Code MGRM CLAUSSEN, ROBERT G 2404 PIPER BOULEVARD NAPLES FL 700002619237~-**8** | -03/26/39--01003--018 ****188.75 ****188.75 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 it made under oath, that I am a managing member or manager of the or rustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an limited liability company or the rec attachment with an address. SIGNATURE:

IATURE AND TYPE DOR PAINTED HAME OF SIGNING MANAGERS MEMBETFOR MAYACETT

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