LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

FILED SEGRETARY OF STABE DOCUMENT # M0000002330 BIVISION OF CORPORATIONS 1. Entity Name 02 OCT 28 PM 2: 56 LAKE POWELL LLC DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 21724 W. HWY. 98 21724 W. HWY. 98 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 63-1268668 PANAMA CITY BEACH, FL PANAMA CITY BEACH, FL Not Applicable Zip _32413 Country Country \$5.00 Additional 5. Certificate of Status Desired 32413 USA. USA Fee Required 7. Name and Address of Current Registered Agent J. ROBERT HUGHES, ESQ. DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 220 MCKENZIE AVENUE City PANAMA CITY 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. J. ROBERT HUGHES, ESQ. 9/18/02 DATE FEE IS \$50.00 Make Check Payable to Department of State: DUE BY MAY 1 MANAGING MEMBERS/MANAGERS 9: TITLE TITLE 12/01 200008440822---10/18/02--01011--008 MGRM MAKAE NAME LP LAND COMPANY STREET ADDRESS STREET ADDRESS 824 Market St., Ste. 900, Wilmington DE 19801 *****50.00 *****50.00 CITY-ST-ZIP CITY-ST-ZIP TITLE MEMBER -NAME NAME **MEDALLIST GOLF DEVELOPMENTS** STREET ADDRESS STREET ADDRESS 501 N. A1A, Jupiter, FL 33477 CITY - ST - ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-S1-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 11. Thereby 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 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.

David R. Leffard, EVP of LP Land Company

Date

ONING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

251-928-3930

Daytime Phone #