File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400,00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY & Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAY 14 PM 3:45 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address
of Limited Liability Company **DOCUMENT #** M97000000270 1a. Principal Place of Business Address REALMARK-PLAYERS, L.L.C. 2350 NORTH FOREST ROAD 2350 NORTH FOREST ROAD GETZVILLE NY 14068 GETZVILLE NY 14068 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 05/16/1997 Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 6. Certificate of Status Desired Country Country Zip - FIRST \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name UCC FILING & SEARCH SERVICES, INC. 526 EAST PARK AVENUE, SUITE 200 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 Suite, Apt. #, etc. City 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 _ (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstalling) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code GETZVILLE NY 14068 MGRM REALMARK-PLAYERS MANAG 2350 NORTH FOREST ROAD 100002525891--3 -05/15/98--01088--027 ****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 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

Service tally

4/29/98 (716)636-0280

attachment with an address.

SIGNATURE: /// feel & latine