File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. SEET EN Y DE STATE DOUBLE SE CURPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY **Katherine Harris** ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 59 MAR 10 MI S: 53 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 # 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 3. Date Organized or Qualified 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 05/16/1997 NY Suite, Apt. #, etc. Suite, Apl. #, etc. 4. FEI Number Applied For City & State City & State 16-1521603 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Žio Country \$8.75 Additional Fee Required 05/14/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office 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. 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 Assepting Application): (NOTE Registered Agent agostion in placed when renotating 10. Title Managing Members/Managers City. State and Zip Code **Business Street Address** MGRM REALMARK-PLAYERS MANAG 2350 NORTH FOREST ROAD GETZVILLE NY 1dooo2802761---3 -03/11/99--01080--022 \*\*\*\*188.75 \*\*\*\*188.75 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. If urther 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: CHIGHATURE MY LANETH CHENILLED HAVING OF SICHING MAN AS PURMS MEETI OR MANAS AS LIC