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 FILED **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAR 13 PM 4: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 188.75 Name and Mailing Address of Limited Liability Company **DOCUMENT #** M97000000808 1a. Principal Place of Business Address FLORIDA WEST REAL ESTATE L.L.C. 1865 OLD RANCH ROAD 1865 OLD RANCH ROAD COLORADO SPRINGS CO 80908 COLORADO SPRINGS CO 80908 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a, State of Formation 12/02/1997 4. FELNumber Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 94-3266193 Not Applicable 6. Certificate of Status Desired Country \$8.75 Additional Fee Required 4-14-97 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Name CORNUKE, PAUL L Street Address (P.O. Box Number is Not Acceptable) 3740 GULF OF MEXICO DR., 70 LONGBOAT KEY FL 34228 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_ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) 10, Title **Business Street Address** Managing Members/Managers City, State and Zip Code MGRM CORNUKE, PAUL 1865 OLD RANCH COLORADO SPRINGS CO MGRM CORNUKE, NANCY 1865 OLD RANCH RD. COLORADO SPRINGS CO 600002459516--1 -03/17/98--01057--004 ****108.75 ****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 attachment with an address.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE: