
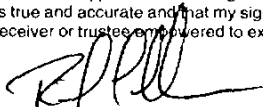


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
RECEIVED DIVISION OF CORPORATIONS JAN 13 1999 10:20					
<b>FILING FEE</b> <b>\$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company  <b>DOCUMENT # M98000000104</b>  <b>GULF COAST TEE TIME, LLC</b> <b>3 WEST GARDEN STREET, SUITE 504</b> <b>PENSACOLA FL 32501</b>		1a. Principal Place of Business Address  <b>3 WEST GARDEN STREET, SUITE</b> <b>PENSACOLA FL 32501</b> <span style="float: right;">504</span>			
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		3. Date Organized or Qualified <b>02/04/1998</b>  4. FEI Number <b>72-1375171</b>  5. Date of Last Report	
				3a. State of Formation <b>AL</b>  <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable  6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent  <b>LEHMAN, RICK</b> <b>3 WEST GARDEN STREET, SUITE 504</b> <b>PENSACOLA FL 32501</b>			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City      Zip Code <div style="text-align: right;"><b>FL</b></div>		
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-appointing)</small>					
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code		
MBR	LEHMAN, RICK	3 WEST GARDEN #504	PENSACOLA FL		
300002803293--3 03/11/99--01121--001 ****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 attachment with an address.					
<b>SIGNATURE:</b> 		3/1/99 850-435-4858			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER (MEMBER OR MANAGER)					