Recid destay File on or before May 1, 1999 or Limited Liability Company will be FII FIN (18 0/13 subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY **Katherine Harris** ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # M98000000703** 1a. Principal Place of Business Address KOLLWOOD GOLF LLC 4343 VON KARMAN AVENUE 4343 VON KARMAN AVENUE NEWPORT BEACH CA 92660 NEWPORT BEACH CA 92660 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation As above 06/29/1998 DE 4. FEI Number Applied For 33 - 0811069 City & State City & State APPLIED FOR Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Ζıρ Couritry N/A \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office NATIONSCORP REGISTERED AGENTS, INC. 526 FAST PARK AVENUE Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 生的复数形式 经经济的第三人 -<del>05/19/39--01004</del>--<del>003</del> \$\$\$\$\$188.75 \$\$\$\$\$188.75 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. Thereby accept the appointment as registered agent, and accept the obligations NIA SIGNATURE. DATE (Registered Agon) Accepting Appendicion). (NOTE Bog stoned Agon) signal perfectional wherein red may 10. Title Managing Members/Managers **Business Street Address** City. State and Zip Code 4343 VON KARMAN AVENUE MGRM KOLLWOOD GOLF CORPOR, NEWPORT BEACH CA 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

SIGNATURE: \_\_\_

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SIGNATURE AND APPEN ON PRIMITED IN ME OF SIGNAPPERMANANCE FOR MEDIAL PROPERTY.