File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY **Katherine Harris** FILED ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** 00 MPR 21 FH 5: 00 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 # M98000001323** 1a. Principal Place of Business Address MEADOWBROOK WINTER SPRINGS, LLC 331 SOUTH FLORIDA AVENUE, SUITE 41 LAKELAND FL 33801 331 SOUTH FLORIDA AVENUE, SU LAKELAND FL 33801 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 11/12/1998 DE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country S8 75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office CORPORATION SERVICE , COMPANY 1201 HAYS STREET 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 (Registered Agent Accepting Appendices)). (NOTE: Registered Agent agent remember always increasing). 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM MEADOWBROOK GOLF GROUP 345 N. MAPLE DRIVE, #290 BEVERLY HILLS CA edooo2859108--04/30/99--01125--023 ****188.75 ****188.79

11. Ido hereby certify that the information supplied with this filing does not gualify 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 employeed to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

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SIGNATURE AND TYPED OR PITTED NAME OF SOURCE MANAGERS AND THE ROBERT AND THE

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attachment with an address.

SIGNATURE: