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 ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAY 18 AM 10: 38 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECONDA CONTRACTE TALLAMANT CALLORIDA 1, Name and Mailing Address of Limited Liability Company **DOCUMENT** # M98000001399 1a. Principal Place of Business Address MEADOWBROOK KISSIMMEE BAY, LLC 331 SOUTH FLORIDA AVENUE, SUITE 41 331 SOUTH FLORIDA AVENUE, SU LAKELAND FL 33801 LAKELAND FL 33801 3. Date Organized or Qualified 3a. State of Formation 2501 KISSI MMEE BAY DUB Suite, Apt. #, etc. 2801 KISSIMMIEE BAJ BLUD Suile, Apt. #, etc. 11/25/1998 4. FEI Number Applied For Not Applicable 6. Certificate of Status Desired \$8.75 Additional Fee Required DSCEOLA 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 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. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE DATE (Registered Agent Accepting Application): (NOD): Registered Agent significance region (where constitution). Managing Members/Managers **Business Street Address** 10. Title City, State and Zip Code MGRM MEADOWBROOK GOLF GROUP 345 N. MAPLE DRIVE, SUITE BEVERLY HILLS, CA 7/1000129973997-----05/26/99--01078--024 ****188.75 ****188.75 APR 2 4 1999 AL 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 of vustee shippowerd 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGERS MEMBER OF MANAGER

SIGNATURE:

INHSE10 R (12-98)