
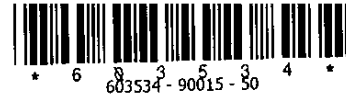


**FILED**  
**Jun 24, 1999 8:00 am**  
**Secretary of State**

06-24-1999 90013 041 \*\*\*150.00

08-10-1999 90015 050 \*\*\*400.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000018862</b>					
1. Corporation Name <b>SANTE FE HOMES, INC.</b>					



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>1401 Old Troy Road</b> <b>Lake City, FL 32025</b>		Mailing Address <b>1401 Old Troy Road</b> <b>Lake City, FL 32025</b>		3. Date Incorporated or Qualified <b>2/28/98</b>	
2. Principal Place of Business <b>21 11192 Normandy Blvd.</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 11192 Normandy Blvd.</b> Suite, Apt. #, etc.		4. FEI Number <b>59-3494588</b>	
22 City & State <b>Jacksonville, FL</b>		27 City & State <b>Jacksonville, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23 Zip <b>32221</b>		28 Zip <b>32221</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24 Country <b>U.S.A.</b>		29 Country <b>U.S.A.</b>		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>Bigram Thomas</b> <b>1401 Old Troy Road</b> <b>Lake City, FL 32025</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>Bigram Thomas</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>11192 Normandy Blvd.</b> <b>83</b> <b>84 City</b> <b>Jacksonville</b>	
--	--	---	--

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Bigram Thomas (NOTE: Registered Agent signature required when resigning) DATE: 6-28-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1998	
TITLE <b>Director</b> NAME <b>Bigram Thomas</b> STREET ADDRESS <b>1875 W. Duval Street</b> CITY-ST-ZIP <b>Lake City, FL 32055</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>P/D</b> 1.2 NAME <b>Heather K. Riddell</b> 1.3 STREET ADDRESS <b>11192 Normandy Blvd.</b> 1.4 CITY-ST-ZIP <b>Jacksonville, FL 32221</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>Director</b> NAME <b>Shawn Thomas</b> STREET ADDRESS <b>1875 W. Duval Street</b> CITY-ST-ZIP <b>Lake City, FL 32055</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>V</b> 2.2 NAME <b>Thomas E. Riddell, III</b> 2.3 STREET ADDRESS <b>11192 Normandy Blvd.</b> 2.4 CITY-ST-ZIP <b>Jacksonville, FL 32221</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b></b> NAME <b></b> STREET ADDRESS <b></b> CITY-ST-ZIP <b></b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>S/D</b> 3.2 NAME <b>Bigram Thomas</b> 3.3 STREET ADDRESS <b>11192 Normandy Blvd.</b> 3.4 CITY-ST-ZIP <b>Jacksonville, FL 32221</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b></b> NAME <b></b> STREET ADDRESS <b></b> CITY-ST-ZIP <b></b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>T/D</b> 4.2 NAME <b>Michael L. McCauley</b> 4.3 STREET ADDRESS <b>11192 Normandy Blvd.</b> 4.4 CITY-ST-ZIP <b>Jacksonville, FL 32221</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b></b> NAME <b></b> STREET ADDRESS <b></b> CITY-ST-ZIP <b></b>	<input type="checkbox"/> DELETE	5.1 TITLE <b></b> 5.2 NAME <b></b> 5.3 STREET ADDRESS <b></b> 5.4 CITY-ST-ZIP <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b></b> NAME <b></b> STREET ADDRESS <b></b> CITY-ST-ZIP <b></b>	<input type="checkbox"/> DELETE	6.1 TITLE <b></b> 6.2 NAME <b></b> 6.3 STREET ADDRESS <b></b> 6.4 CITY-ST-ZIP <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bigram Thomas DATE: 6-28-99 DAYTIME PHONE # 904/378-3600

CR2E034 (11/98)