File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAY 29 AM 10: 48 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** 1a. Principal Place of Business Address MOULTRIE CREEK LANDING, L.C. 3300 CR 13A, NORTH, LOT J 3300 CR 13A, NORTH, LOT J ST. AUGUSTINE FL 32092 ST. AUGUSTINE FL 32092 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 08/30/1984 4. FEI Number FLSuite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 59-2877843 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country \$8.75 Additional Lee Required 03/17/1997

8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Name FITZGERALD, DONALD P III Street Address (P.O. Box Number is Not Acceptable) 24 CATHEDRAL PLACE **STE 300** Suite, Apt. #, etc. ST. AUGUSTINE FL 32084 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 Appointment). (NOTE: Rugistered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code SACKS, LAWRENCE J. 3300 CR 13A, NORTH, LOT J ST. AUGUSTINE FL VALE ORCHARD LAND SACKS, LAWRENCE JACKSONVILLE TO 400002545244----06/03/98--01007--014 *****38.75 *****38.75 40 0002545244----06/03/98--01007--015

11. Ido 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.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER OF MANAGER

4-28-98

Daytirio Phone #

****150.00 ****150.00