

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 98 MAR 30 PM 2: 13

**FILING FEE \$ 188.75** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #** L97000000378

MOKART ONE L.C.  
~~4998 WHITE OPINE CIRCLE N.E.~~  
~~ST PETERSBURG FL 33703~~  
 4301 34<sup>th</sup> St. South  
 St. Petersburg, FL 33711

1a. Principal Place of Business Address

4301 34<sup>th</sup> St. South  
~~4998 WHITE OPINE CIRCLE N.E.~~  
 ST PETERSBURG FL 33703  
 33711

2. Principal Place of Business 4301 34 <sup>th</sup> St. So.	2a. Mailing Address 4301 34 <sup>th</sup> St. So.
<small>Suite, Apt. #, etc.</small>	<small>Suite, Apt. #, etc.</small>

3. Date Organized or Qualified 04/02/1997	3a. State of Formation FL
4. FEI Number 59-3438629	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable

City & State St. Petersburg, FL	City & State St. Petersburg, FL
Zip 33711	Country USA

5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent

SALISSOLIA, PIERO  
 200 SOUTH BISCAYNE BLVD.  
 SUITE 4815  
 MIAMI FL 33131

8. Name and Address of New Registered Agent/Office

Name  
Salussolia & Associates

Street Address (P.O. Box Number is Not Acceptable)  
200 S. Biscayne Blvd.

Suite, Apt. #, etc.  
Suite 4815

City  
Miami

Zip Code  
FL 33131

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: Registered Agent signature required when reinstalling)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	RAFFAUF, MARK	4301 34 <sup>th</sup> St. South <del>4998 WHITE OPINE CIRCLE N.</del>	ST PETERSBURG FL 33711

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 \*\*\*\*188.75 \*\*\*\*188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Mark C. Raffauf Date: 2/24/98 Daytime Phone #: 813 866 3757  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER