File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY **Katherine Harris** ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** 99 MAR 1 1 AM 10: 23 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT #** 197000000852 1997 M.L.E., L.C. 363 ATLANTIC BLVD., STE. 3 1a. Principal Place of Business Address 363 ATLANTIC BLVD., STE. 3 ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233 3. Date Organized or Qualified 2 Principal Place of Business 2a. Mailing Address 3a. State of Formation 363 Atlantic Blvd. 08/06/1997 363 Atlantic Blvd. FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Suite 3-A Suite 3-A Applied For 65-0791219 City & State City & State Not Applicable Atlantic Beach, FL Atlantic Beach, FL Country 5. Date of Last Report 6. Certificate of Status Desired ^{Zip} 32233 32233 S8 75 Additional Fee Required 04/23/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office FERBER, PAUL S 363 ATLANTIC BLVD., STE. 3 Street Address (P.O. Box Number is Not Acceptable) ATLANTIC BEACH FL 32233 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 Appointment): (ISCLE: Registered Agent signature respire a wheaver states): 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR FERBER, PAUL S 363 ATLANTIC BLVD., STE. ATLANTIC BEACH FL 102505332 03/15/93-01102-010 ****197.50 ****197.50 i supplied will this filing does not qualify for the exemption stated in Section 119 07(3) (i). Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as it made under oath; that I am a managing member or manager of the 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 indicated on this annual report is tru limited liability company or the receive attachment with an address.

INHSE10 R (12-98)

SIGNATURE: