

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| FILING FEE \$ 188.75 | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE |
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| 1. Name and Mailing Address of Limited Liability Company ERICKSON HERSCOE/DESTEFANO AND PARTNERS, L.L.C. 849 7TH AVENUE SOUTH NAPLES FL 34102 | DOCUMENT # L98000003430 |
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| 1a. Principal Place of Business Address 849 7TH AVENUE SOUTH NAPLES FL 34102 |
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| 2. Principal Place of Business | 2a. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |

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| 3. Date Organized or Qualified 12/23/1998 | 3a. State of Formation FL |
| 4. FEI Number | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Date of Last Report | 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/> |

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| 7. Name and Address of Current Registered Agent LEXIS DOCUMENT SERVICES, INC. 3953 W.W. KELLEY ROAD TALLAHASSEE FL 32311 |
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| 8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code |
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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) (NOTE: Registered Agent signature required when not original) DATE _____

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|-----------|---------------------------|----------------------------|--------------------------|
| MGR | DESTEFANO, JAMES R | 505 NORTH LAKE SHORE DRIVE | CHICAGO IL |
| MGR | ERICKSON, CARL | 543 97TH AVENUE N | NAPLES FL |
| MGR | BURCHER, JOHN S | 242 WEST ST. PAUL AVENUE | CHICAGO IL |
| MGR | HERSCOE, ROBERT | 849 7TH AVENUE SOUTH | NAPLES FL |
| MGR | CLAGETT, LEONARD | 900 NORTH LAKE SHORE DRIVE | CHICAGO IL |
| MGR | FANNING, KATHY | 138 SOUTH PLYMOUTH COURT | INVERNESS IL |

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 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: *Robert M. Herscoe* ROBERT M. HERSCOE 3.17.99 941-643-1999