FILE NOW: Fee after May 1, will be \$588.75

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LIMITED LIABILITY COMPANY ANNUAL REPORT 1997 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS								FILED 97 FEB 10 PM 3: 08				
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee												
\$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company DOCUMENT #M9500000317								SEUNG FAKT ÖF ST ATE TALLAHASSEE, FL ORIDA				
EDUCATION CREATE CERTIFORS I C								1a. Principal Place of Business Address				
Arrama 4.6.6								243 INDUSTRIAL COURT FREDERICKSBURG VA 22408				
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. 2. Principal Place of Business 2a. Mailing Address								Date Organized or Qualified 3a. State of Formation				
2. Principal Place of Business 2a, Mail					ing Address			3. Date Organized or Qualified				
Suite, Apt. #, etc. Suite, A					pt. #, etc.			10/30/1995 VA 4. FEI Number		VA.	<u>A</u>	
								4. FELINUMBE			Applied For	
City & State				City & State				54-16868:	10		Not Applicable	
Z ip		Country		Zip		Count	ry	5. Date of Last F	Report	6. Certificate o	of Status Desired	
,		ĺ		,			•	04/10/19	96	St. / Alt dional	Fee Regimes	
7. Name and Address of Current Registered					Agent	•				ss of New Registered Agent		
THE DYE LAW FIRM, P.A.							Name					
h.c =====							Street Address (F	(P.O. Box Number is Not Acceptable)				
TALLAHASSEE FI, 32303												
Suite, Apt. #,								c.				
				City			Zip Code					
							City		FL	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.												
SIGNATU	RE	,			DATE	·						
10. Title				oointment) (f	ntment) (NOTE: Registered Agent signature required when reinstating Business Street Address			City, State and Zip Code				
10. 110	IVIQI	raging men	incora managora		,	Dusine			Only	, Otato Erio Erio C		
MGRM	FRAZIER, GARY W 2				43 INDUSTRIAL COURT			T I	FREDERICKSBURG VA			
MGRM 1	MUSSELMAN, GARY A 5				444 JEFF DAVIS HWY.			., #106 PREDERICKSBURG VA				
MGR 1	MAZIARZ, DAVID S 2				43 INDUSTRIAL COURT			T I	FREDERICKSBURG VA			
MGRM MUSSELMAN, CATHERINE C 5444 JEFF DAVIS HWY., STE. FREDERICKSBURG VA										VA		
0000020854303											303	
•									-02/12 ****2	797 0 108 03 .75 **	32024 ***203.75	
									Anka?			
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 flip signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited fliability company or the receiver of 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 OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone •												