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

AND REPORT

Sandra B. Mortham

ANNUAL REPORT Secretary of State 98 MAR 13 PM 4: 00 1998 DIVISION OF CORPORATIONS SECRETARY OF STATE FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # M96000000087** CARBONE PROPERTIES OF OSTEEN, LIMITED LIAB 1a. Principal Place of Business Address ILITY COMPANY C/O ROSS P. CARBONE//R.P. CONST. CO. C/O ROSS P. CARBONE//R.P. CO 5885 LANDERBROOK DRIVE, STE. 110 5885 LANDERBROOK DRIVE, STE. CLEVELAND OH 44124 CLEVELAND OH 44124 3. Date Organized or Qualified 3a. State of Formation 2. Principal Place of Business 2a. Mailing Address 03/20/1996 OH Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 34-1806671 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 02/07/1997 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. [Registered Agent Accepting Appointment] (NOTE Registered Agent signature required when reinstating) **Business Street Address** City, State and Zip Code 10. Title Managing Members/Managers MGRM CARBONE, ROSS P 5885 LANDERBROOK DR., STE. CLEVELAND OH 0002459514--8 -03/17/98--01057--003 ----4DI ****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) (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.

SIG	NAT	URE:
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Juan / Carborll
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/5/98

Daylime Phone #

FILED