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

Cara Cara Cara FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT 1997 Secretary of State DIVISION OF CORPORATIONS 97 APR 14 PH 1: 45 **FILING FEE** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee SECRETARY OF STATE TALLAHASSEE FLORIDA \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #**L96000001240 1a. Principal Place of Business Address AMORIS EDITION, LC 1858-B NICKLAUS COURT 858-B NICKLAUS COURT TALLAHASSEE FL 32301 FALLAHASSEE FL 32301 If above mailing address is incorrect in any way, tine through incorrect information and enter correction in Block 2a 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation P.O. BOX 11247 1/26/1996 FL Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country SB 75 Additional Fee Required. 32302-5247 8. Name and Address of New Registered Agent 7. Name and Address of Current Registered Agent NFLSON, STEVEN E 1858-B NICKLAUS COURT Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 Sulte, Apt. #, etc. City Zio 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) (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MEM NELSON, STEVEN E 858-B NICKLAUS COURT TALLAHASSEE FL MEM PAULL, JENNIFER 858-B NICKLAUS COURT TALLAHASSEE FL 100002143431--0 ****203.75 ****203.75 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 cath; that I am a managing member or manager of 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, attachment with an address.

SIGNATURE AND TYPED OPPRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE: