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

Francisco (Constitution (Const FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 97 HAY 15 PM 2: 214 1997 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE FLORIDA Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee FILING FEE Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 Name and Mailing Address of Limited Liability Company **DOCUMENT #**L9300000132 1a. Principal Place of Business Address VOCOR FLORIDA INVESTMENTS, L.C. C/O LOUIS F. SISSON, III C/O LOUIS F. SISSON, III 6225 PRESIDENTIAL COURT, S-A 6225 PRESIDENTIAL COURT, S-A FT. MYERS FL 33919 T. MYERS FL 33919 3. Date Organized or Qualified 3a. State of Formation D4/28/1993 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0405643 Not Applicable 33903 No. Ft. Myers, FL No. Ft. Myers. FL 5. Date of Last Report 6. Certificate of Status Desired Country 33903 USA 33903 s 75 Additional Fre Beganed. USA D2/22/1996 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent HAGLE, HAROLD H 18551 N. TAMTAMI TRATT Street Address (P.O. Box Number is Not Acceptable) MORRE FOR MEMORS WE 33903 Suite, Apl. #, 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 Floriga: Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept SIGNATURE / (Registered Agent Accepting Appointment) Registered Agent signature required when reinstating) City, State and Zip Code 10. Title Managing Members/Managers **Business Street Address** LAND FINANCE INVESTMEN MEM 18551 N TAMIAMI TRAIL # FT MYERS FL FLORIDA SITES INTERNAT MEM 167 E 61ST ST., #32-C NEW YORK NY 300002188973--5 -05/22/97--01136--001 ***1028.75 ****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 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 SIGNATURE: SIGNATURE AND TYPED OR PRINTE, JAME OF SIGNING MANAGING MEMBER OR MANAGER

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