File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. SECRETARY OF STATE
DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE **LIMITED LIABILITY COMPANY** Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 98 APR 22 PM 12: 14 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address
of Limited Liability Company DOCUMENT # L93000000240 1a. Principal Place of Business Address WEBBER ENTERPRISES OF SARASOTA, L.C. 3660 BEE RIDGE RD. 3660 BEE RIDGE RD. SARASOTA FL 34233 SARASOTA FL 34233 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation Suite, Apt. #, etc. Suite, Apt. #, etc. 408/1993 Applied For City & State City & State Not Applicable -65-0429219 6. Certificate of Status Desired Zip Country Zip Country S8 75 Additional Lee Required 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent RUSSELL, JEFFREY S Street Address (P.O. Box Number is Not Acceptable) % ABEL BAND RUSSELL COLLIER PITCHFOR <u>0000025028</u>10-240 S. PINEAPPLE AVE., 10TH FLOOR Suite, Apt. #, etc. -04/28/93--01061--011 SARASOTA FL 34230 ****188.75 ****188.75 City 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. SIGNATURE_ DATE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) **Business Street Address** 10. Title Managing Members/Managers City, State and Zip Code MGRM WEBBER, INOMAS A 4933 RUTLAND GATE SARASOTA FL MEM WEBBER, DEBORAH E 4933 RUTLAND GATE SARASOTA FL MEM WEBBER, REID W 355 BEARDED OAKS SARASOTA FL 11. Ido 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

attachment with an address.

SIGNATURE:

Date Daytime