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

INHSE10 R(12-96)

FILED FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS 97 MAR 26 AM 7:53 **FILING FEE** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee SECRETARY OF STATE \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT** #L93000000259 1a. Principal Place of Business Address 86TH AND 4TH, L.C. 5514 PARK BLVD. 5514 PARK BLVD. PINELLAS PARK FL 34665 PINELLAS PARK FL 34665 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. 3. Date Organized or Qualified | 3a. State of Formation 2 Principal Place of Business 2s. Mailing Address 08/13/1993 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 59-3197079 5. Date of Last Report 6. Certificate of Status Desired Country Country Zip \$8.75 Additional Fee Required 03/04/1996 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name ENGLANDER, LEONARD S Street Address (P.O. Box Number is Not Acceptable) 5959 CENTRAL AVE. SUITE 201 Sulte, Apt. #, etc. ST. PETERSBURG FL Zip Code City 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 BRODERICK, SEAN MICHAE 5514 PARK BOULEVARD MGR_ PINELLAS PARK FL MGB. TAPPAN, RICHARD A 10 COREY AVENUE ST. PETERSBURG BEACH 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. If urther 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 reported to chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: INTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Daytime Phone #