File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris ANNUAL REPORT FILED Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR 12 PM 3: 52 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SEGNETARCH OF STATE TALLAHASSEE, FLORIDA DOCUMENT # L94000000015 Name and Mailing Address of Limited Liability Company J.L. INVESTMENTS OF CENTRAL FLORIDA L.C. 2855 CYPRESSVIEW COURT ta. Principal Place of Business Address 2855 CYPRESSVIEW COURT KISSIMMEE FL 34746 KISSIMMEE FL 34746 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 01/10/1994 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 65-0465160 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country 04/20/1998 \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office FERNANDEZ-QUINCOCES , GUILLERMO J 100 S.E. SECOND STREET Street Address (P.O. Box Number is Not Acceptable) 37TH FLOOR <u> 20000002844348---</u> MIAMI FL 33131 --04/20/99---01003---012 ****188.75 ****188.75 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. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE _ (Brigistene) Agent Amente y Appointment ("to the feet lead Agent high the loop met when all it imple 10. Title Managing Members/Managers **Business Street Address** City. State and Zin Code AMIEVA, JOSE LUIS 2855 CYPRESSVIEW COURT KISSIMMEE FL MGRM AMIEVA, MARINA DE 2855 CYPRESSVIEW COURT MGRM KISSIMMEE FL 76,5-99 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. Hurther 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

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attachment with an address.

SIGNATURE: