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

LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT FILED Secretary of State 1997 **DIVISION OF CORPORATIONS** 97 JAN 30 AM 8: 19 FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE Name and Mailing Address of Limited Liability Company TALLAHASSEE, FLORIDA **DOCUMENT** #L94000000032 1s. Principal Place of Business Address J&G FLORIDA ENTERPRISES, L.C. 600 MAIDEN LANE 600 MAIDEN LANE WINTER PARK FL 32789 VINTER PARK FL 32789 If above mailing address is incorrect in any way, line 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 01/04/1994 Τt Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FE Number Applied For City & State City & State 59-3215451 Not Applicable 5. Date of Last Report 8. Certificate of Status Desired Country Žιο Zip Country S8 75 Additional Fee Required 📉 02/07/1996 8. Name and Address of New Registered Agent 7. Name and Address of Current Registered Agent Name BAXTER, JAMES 500 MAIDEN LANE Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32789 Sulte, Apt. #. etc. Zin 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 MGRM BAXTER, JAMES N 600 MAIDEN LANE WINTER PARK FL MGRM BAXTER, GAIL P 600 MAIDEN LANE WINTER PARK FL 300002076173---7 |-02/04/97--01001--002 ****212.50 ****212.50

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 eath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as regulred 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

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attachment with an address.

SIGNATURE: