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

FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS 97 MAR 24 PM 2:22 FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee SECRETARY OF STATE TALLAHASSEE, FLORIDA \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT** # 19400000383 1a. Principal Place of Business Address SOFTWARE REPOSITORY, L.C. 3441 S.E. COURT DRIVE 3441 S.E. COURT DRIVE STUART FL STUART FL 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 08/09/1994 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 65-0508717 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country S8.75 Additional Fee Required 03/18/1996 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent RUTLAND, LEONARD 10 CENTRAL PARKWAY Street Address (P.O. Box Number Is Not Acceptable) SUITE 350 STUART FL Suite, Apt. #, etc. 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 (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MEM BUCHANAN, BARBARA 3441 S.E. COURT DRIVE STUART FL MEM BUCHANAN, JAMES R B441 S.E. COURT DRIVE STUART FL 800002126168---2 -03/27/97--01096--010 *****203.75 *****203.75

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 required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER OF MANAGER

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