File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400,00 LATE FEE.

FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAR - 9 AM 10: 27 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee NECKEIKAY UN SIKKE TALLAHASSEE, FLORIDA **AJ** Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Liability Company **DOCUMENT #** L9400000559 1a. Principal Place of Business Address WILLSHAR - SCHROEDER L.C. 1675 51ST COURT 1675 51ST COURT VERO BEACH FL 32966 VERO BEACH FL 32966 2a. Malling Address 2. Principal Place of Business 3. Date Organized or Qualified | 3a. State of Formation 10/17/1994 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 65-0524534 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country \$8.75 Additional Fee Required 02/10/1997 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent/Office Name RAYMOND, JOHN J JR 1200 N. FEDERAL HIGHWAY Street Address (P.O. Box Number is Not Acceptable) SUITE 411 BOCA RATON FL 33432 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\_ DATE (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 | SCHROEDER, WILLIAM L 1675 51ST COURT VERO BEACH FL MGRM | SCHROEDER, SHARON K 1675 51ST COURT VERO BEACH FL 000002454680--\*\*\*\*188.75 \*\*\*\*188.75

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 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:

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

5/6/8/ 521-572-1425