File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT FILED Secretary of State 1999 DIVISION OF CORPORATIONS 99 HAR 15 ATTO: 40 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Make Check Payable To: FLORIDA DEPARTMENT OF STATE SEGRETARY OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # L94000000559** TALLAHASSEE, FLORIDA 1a. Principal Place of Business Address WILLSHAR - SCHROEDER L.C. 1675 51ST COURT 1675 51ST COURT VERO BEACH FL 32966 VERO BEACH FL 32966 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 10/17/1994 FLSuite Apt #, etc. Suite Apt # etc. 4. FEI Number Applied For City & State City & State 65-0524534 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zio Country Country \$8.75 Additional Fee Required 03/09/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office RAYMOND, JOHN J JR 1200 N. FEDERAL HIGHWAY Street Address (P.O. Box Number is Not Acceptable) SUITE 411 100002814531 -03/22/99--01157--005 BOCA RATON FL 33432 Suite, Apt #, etc ****188.75 ****188.75 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. 10. Title Managing Members/Managers **Business Street Address** City. State and Zin Code SCHROEDER, WILLIAM L MGRM 1675 51ST COURT VERO BEACH FL MGRM SCHROEDER, SHARON K 1675 51ST COURT VERO BEACH FL 11 1do hereby certify that the information supplied with this filling 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: 6