

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

| | | |
|----------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|----------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

FILED

98 APR 22 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|-------------------|----------------------------------------------------------------------|
| FILING FEE | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee |
| \$ 188.75 | Make Check Payable To: FLORIDA DEPARTMENT OF STATE |

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L94000000661

DUCAT LIMITED INVESTMENTS, L.C.
 2010 DUNDEE RD.
 WINTER HAVEN FL 33884

1a. Principal Place of Business Address

2010 DUNDEE RD.
 WINTER HAVEN FL 33884

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|--------------------------------|---------------------------------------------------------------------------------|
| 3. Date Organized or Qualified | 3a. State of Formation |
| 12/05/1994 | FL |
| 4. FEI Number | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Date of Last Report | 6. Certificate of Status Desired |
| 01/29/1997 | \$875 Additional Fee Required <input type="checkbox"/> |

7. Name and Address of Current Registered Agent

DUCAT, MARIANNE L
~~132 SHELLEY DRIVE~~
 WINTER HAVEN FL 33884

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

3106 CYPRESSWOOD BLVD.

Suite, Apt. #, etc.

City

WINTER HAVEN FL

Zip Code

33884

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: *Marianne Ducat* 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 | DUCAT, MARIANNE L | 132 SHELLEY DRIVE | WINTER HAVEN FL |
| MGRM | M. L. DUCAT ENTERPRISE | 132 SHELLEY DRIVE 3106 CYPRESSWOOD BLVD | WINTER HAVEN FL |

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****188.75 ****188.75

AD 4/23/98

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: *Marianne Ducat* Date: _____ Daytime Phone # _____

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