File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED SECRETARY OF STATE DIVISION OF CORFERATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY **Katherine Harris** ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR -5 AH 10: 28 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L9400000661 1a. Principal Place of Business Address DUCAT LIMITED INVESTMENTS, L.C. 2010 DUNDEE RD. 2010 DUNDEE RD. WINTER HAVEN FL 33884 WINTER HAVEN FL 33884 au Picm 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 12/05/1994 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 59-3301731 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 04/22/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office DUCAT, MARIANNE L 3106 CYPRESSWOOD BLVD. Street Address (P.O. Box Number Is Not Acceptable) WINTER HAVEN FL 33884 Suite, Apt #, etc 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. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE _____ DATE (Brigisterest Agest Accepting Approximent), (NotEll Brigistered Agest signation regimes) when the City, State and Zip Code 10. Title Managing Members/Managers **Business Street Address** 3106 CYPRESSWOOD BLVD. MGRM DUCAT, MARIANNE L WINTER HAVEN FL MGRM M. L. DUCAT ENTERPRISE 3106 CYPRESSWOOD BLVD. WINTER HAVEN FL 90(0002845429- · -04/20/99 --01077--019 ****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: MANERE

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