File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. SECRETARY OF STATE DIVISION OF CORPORATIONS LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 APR 22 PM 12: 12 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Liability Company **DOCUMENT #** L94000000665 1a. Principal Place of Business Address DUCAT EQUIPMENT LEASING CO., L.C. 2010 DUNDEE RD. 2010 DUNDEE RD. WINTER HAVEN FL 33884 WINTER HAVEN FL 33884 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 12/06/1994 4. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 59-3301729 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country Zip \$8.75 Additional Fee Required 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent DUCAT, MARIANNE L Street Address (P.O. Box Number is Not Acceptable) 1-32 SHELLEY-DRIVE-WINTER HAVEN FL 33884 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 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MEM DUCAT, MARIANNE L 132 SHELLEY DRIVE WINTER HAVEN FL M. L. DUCAT ENTERPRISE 132 SHELLEY DRIVE WINTER HAVEN FL 3106 CYPROSEWOOD BUD 700002502807--0 |-04/28/98--01061--010 \*\*\*\*188.75 \*\*\*\*188.75 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. I further certify that the information Indicated on thill 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

LU OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER.

Date

Daytime Phone #

SIGNATURE: