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 FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 98 MAR -2 AM 9: 43 1998 **DIVISION OF CORPORATIONS** FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee

'\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address
 of Limited Liability Company **DOCUMENT #** L9400000692 1a. Principal Place of Business Address WELK PROPERTIES, L.C. 1260 81ST STREET SOUTH 1260 81ST STREET SOUTH ST. PETERSBURG FL 33707 ST. PETERSBURG FL 33707 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 12/16/1994 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 59-3285892 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 8. Name and Address of New Registered Agent/Office SEELEY, GEORGE B 1260 81ST STREET SOUTH Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33707 Sulte, Apt. #, etc. 000002449650--03/06/282001106--005 City ****188.75 ****188.75 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 _ (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MEM SEELEY, GEORGE B % 1260 81ST STREET SOUTH ST. PETERSBURG FL MEM SEELEY, ROXANN D % 1260 81ST STREET SOUTH ST. PETERSBURG FL

119 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 imited 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.

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

2/27/98 8/3 546 606/