File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham **ANNUAL REPORT** Secretary of State 98 APR 27 PH 4:19 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 Mailing Address
Himfled Liability Company **DOCUMENT # L94000000745** 1a. Principal Place of Business Address WODLINGER INTERNATIONAL, L.C. 3355 TAMIAMI TRAIL N. 3355 TAMIAMI TRAIL N. NAPLES FL 34103 NAPLES FL 34103 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of For 01/01/1995 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0545841 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country \$8.75 Additional Fee Required 03/11/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office WODLINGER, MARK L 3355 TAMIAMI TRAIL N. Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34103 800002507098-- 0 -04/30/93--01104--017 ****188.75 ****188.7 Suite, Apl. #, etc. ****188.75 City 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 _ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR WODLINGER, MARK L 3355 TAMIAMI TRAIL NORTH NAPLES FL MEM WODLINGER, MARK L 3355 TAMIAMI TRAIL NORTH NAPLES FL MEM WODLINGER, MARILYN B 3355 TAMIAMI TRAIL NORTH NAPLES FL MEM COX, JOE B 3001 TAMIAMI TRAIL NORTH NAPLES FL

SIGNATURE: X SIGNATURE AND TYPE D OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Deader Proposition

attachment with an address.

11. Ido 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