LIMITED LIABILITY COMPANY ANNUAL REPORT 1998 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE CONTROL OF STATE SANDRA B. MORTHAM SECRETARY OF STATE DIVISION OF CORPORATIONS						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAR 30 AM 10: 29					
1. Name of Limi	make and Mailing Address ted Liability Compar COLLING P	Chaok Payable	To: FLOR JMENT ROPERT ARKWAY	# L950	OOO(TOF STATE	1a. Principal Pla 1515 CA CAPE CO	PE CORA	Address	£ 3/30 КWAY	
Suite, Apt. #, etc. Suit			2a. Maili	Aailing Address			3. Date Organized or Qualified 3s. St		3a. State	of Formation	
			Sufte, Apt. #, etc. City & State			· · · · · · · · · · · · · · · · · · ·	01/20/1 4. FEI Number	995	FL.	FL Applied For	
						· · · · · · · · · · · · · · · · · · ·	65-0572496 5. Date of Last Report		Not Applicable 6. Certificate of Status Desired		
Zip	, Co	untry			Count	ту	02/26/1997		SB.75 Additional Fee Required		
	, HARLEY CAPE COR	J AL PARKW		Agent		Name	P.O. Box Number I	s of New Regis			
0. Pursui la registe	CAPE COR CORAL FI	AL PARKWA 33904 of Sections 608,416 dagent, or both, in the	A.Y.	, Florida Statul		Name Street Address (Sulte, Apt. #, etc City	P.O. Box Number I b. d liability company sative vote of a majorit	FL ubmits this state by of the member	Zip Code ement for the s. I hereby ac	purpose of changing cept the appointment	
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9. Pursus its registe as registe	CAPE COR CORAL FI	AL PARKWA 33904 of Sections 608.416 ad agent, or both, in the pt the obligations.	AY s and 608.508 ne State of Flo	, Florida Statut rida. Such chan	iga was a	Street Address (Sulte, Apt. #, etc City cove-named limited withorized by affirmations	P.O. Box Number I b. d liability company s ative vote of a majoril	FL ubmits this state ty of the member	Zip Code ement for the s. I hereby ac	purpose of changing cept the appointment	
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11. The hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther 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 itmited 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:

3/25/98

542-3333

SIGNATURE AND TOPIN OR STATED NAME OF SIGNING MANAGING MEMBER OR MANAGER