File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 FEB 24 M 9:55 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # 195000000079** 1a. Principal Place of Business Address MMR LIMITED COMPANY 3870 NE SUGARHILL AVE. 3870 NE SUGARHILL AVE. JENSEN BEACH FL 34957 JENSEN BEACH FL 34957 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 12/29/1994 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0561368 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country ZiD \$8.75 Additional Fee Required 03/16/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office SHERMAN, ROBERT H 3870 NE SUGARHILL AVE. Street Address (P.O. Box Number is Not Acceptable) JENSEN BEACH FL 34957 Suite Apt #, etc Zip Code

SIGNATURE (Registered Agent Accepting Approximent) (NOTE, Registered Agent is greature required which renational **Business Street Address** City, State and Zip Code 10. Title Managing Members/Managers 2502 FERNWOOD DR. MGRM FISHER, MARILYN S VIENNA VA MGRM SHERMAN, MICHAEL D BOX 40, MCCAFFERY RD. ENGLISHTOWN NJ MGRM SHERMAN, ROBERT H 3870 NE SUGARHILL AVE. JENSEN BEACH FL 10002800214---1 -03/09/99--01095--025 ****188.75 ****188.75 کارو

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

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. Hurther 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 indicated inability 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 other hands of the statutes are required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an other hands of the statutes are required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an other hands of the statutes are required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an other hands of the statutes are required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an other hands of the statutes are required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an other hands of the statutes are required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an other hands of the statutes are required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an other hands of the statutes are required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an other hands of the statutes are required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an other hands of the statutes are required by Chapter 608, Florida Statutes are requir

SIGNATURE:

as registered agent, and accept the obligations.

KOBERT H. SHERMAN

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNARY MANAGEY AMEMBER OF MANAGER.

NHSE10 R (12-98)