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 HAR 17 AH 8: 20 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SECRETATO OF STATE TALLAHASSEE, FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT # L95000000101** 1a. Principal Place of Business Address PALMETTO, L.C. P.O. BOX 5334 2940 S. MCCALL RD ENGLEWOOD FL 34224 ENGLEWOOD FL 34224 3195 S. HECALL RO. 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 01/09/1995 FL4. FEI Number Applied For 65-0555566 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country \$8.75 Additional Fee Required 04/29/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office GRANICZ, ROBERT T 2940 G. МССАЪЬ RD. Street Address (P.O. Box Number is Not Acceptable) ENGLEWOOD FL 34224 34224 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 e obligations SIGNATURE Agent Accepting Applicationert) - (tVO) E. Registerior Agent segmentare required when no obtaining Managing Members/Managers 0. Title **Business Street Address** City, State and Zip Code MGRM KEATHLEY, HAROLD 2940 S. MCCALL RD. ENGLEWOOD FL 2940 \$. MCCALL RD. MGRM GRANICZ, ROBERT ENGLEWOOD FL 5**0**0002820645--n3/26/99--01115--007 ****197.50 ****197.50 91-7-4-99 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. 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

F. T. GRANICZ
CHERITED DAME OF SCRIPT FRANCES

attachment with an address

INHSE10 R (12-98)

SIGNATURE: