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 1998 DIVISION OF CORPORATIONS 98 APR 20 PM 1:28 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
 of Limited Liability Company DOCUMENT # L95000000164 1a. Principal Place of Business Address TROYER BROTHERS OF CENTRAL FLORIDA, L.C. 1227 S.E. 9TH TERRACE 3605 PARKWAY BLVD. CAPE CORAL FL 33990 LEESBURG FL 34748 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a, State of Formation 03/02/1995 4. FEI Number FL Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 59-3305752 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country \$8.75 Additional Fee Required 04/21/1997

8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Name TROYER, BRADLEY J Street Address (P.O. Box Number is Not Acceptable) 646 A ANCHORS ST. #2 FT. WALTON BEACH FL 32548 Suite, Apt. #, etc. City Zin 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 MGRM TROYER, BRADLEY J 646A ANCHORS ST., N.W. #2 FT. WALTON BEACH FL MGRM TROYER, JEFFERY J 11830 IMPERIAL PINES WAY BONITA SPRINGS FL MGRM TROYER, JEREMY R 1405 EL DORADO PARKWAY, W. CAPE CORAL FL **70**0002503537----04/28/98--01096--004 ****188.75 ****188.75 11. Ido have by 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

attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PHINTED NAME OF SIGNING MANAGE