சுத் 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 ANNUAL REPORT FILED Secretary of State 1999 DIVISION OF CORPORATIONS CO APR 23 PM 5: 00 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 # L95000000210** 1a. Principal Place of Business Address MAHONE DEVELOPMENT III, L.C. PO BOX 8187 210 FIRST STREET SW ROANOKE VA 24014 SUITE 240 ROANOKE VA 24011 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 03/15/1995 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3309546 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country S8.75 Additional Fee Required 03/23/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name HUTSON, DENISE L SALTER, FEIBER, YENSER & MURPHY, P.A Street Address (P.O. Box Number is Not Acceptable) 703 N.E. 1ST STREET GAINESVILLE FL 32601 Suite, Apt #, etc. 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 _ DATE _ (Registered Agent Accepting Appointment). (NOT): Polystered Agent significe request whose exceptions 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM THE BRADLEY COMPANY, 210 FIRST STREET NW, SUITE ROANOKE VA 3di00028568889----04/29/99--01093--022 ******1**88.75 ****188.75 11 | 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 attachment with an address.

TED DAME OF SIGNIFIC MANAGING MEMBER OR MANAGER

Date

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