File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 **DIVISION OF CORPORATIONS** 98 MAY - 1 PH 4: 09 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 # L95000000309 1a. Principal Place of Business Address ROCKDALE PROPERTIES, L.C. 4486 S.W. BIMINI CIR. S 4486 S.W. BIMINI CIR. S PALM CITY FL 34990 PALM CITY FL 34990 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation same. SAME 04/17/1995 4. FEI Number FLSuite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 52-1926594 5. Date of Last Report 6. Certificate of Status Desired Country **Z**ip Country Zip \$8.75 Additional Fee Required 02/17/1997

8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent MCMANUS, PETER D 4486 S.W. BIMINI CIR. S. Street Address (P.O. Box Number is Not Acceptable) PALM CITY FL 34990 Sulte, 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 (Hegistered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstaling) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM MCMANUS, WALTER L JR. 204 E. JOPPA RD., PH 3 TOWSON MD 21286 **80**0002515968---**4** -05/07/98--01106--003_ ****188.75 ****188.75 11. I do hereby certify that the information supplied with this filling 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 60B, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. Walter L. Memanus, Jr.

Mutte 2 May May Managing member or manager or manager