


**FILE NOW: Fee after May 1, will be \$588.75**

|  |   |  |   |
|--|---|--|---|
| LIMITED LIABILITY COMPANY<br>ANNUAL REPORT<br>1997   |   | <br>FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS           |   |
| <b>FILING FEE</b><br>\$ 203.75   |   | Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee<br><b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>  |   |
| 1. Name and Mailing Address of Limited Liability Company<br><br><b>IMPERIAL CROWN, LIMITED COMPANY<br/>14502 N. DALE MABRY<br/>SUITE 229<br/>TAMPA FL 33618</b>  |   | <b>DOCUMENT #L95000000579</b>  |   |
| If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.   |   | 1a. Principal Place of Business Address<br><br><b>1013 GRIFFIN ROAD<br/>LAKELAND FL 33805</b>  |   |
| 2. Principal Place of Business<br><b>1013 Griffin Road</b>   | 2a. Mailing Address<br><br><b>Suite, Apt. #, etc.</b> | 3. Date Organized or Qualified<br><b>07/28/1995</b>  | 3a. State of Formation<br><b>FL</b>   |
| Suite, Apt. #, etc.<br><br><b>City &amp; State<br/>Lakeland, FL.</b>   | Suite, Apt. #, etc.<br><br><b>City &amp; State</b>    | 4. FEI Number<br><b>69-3336985</b>   | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                               |
| Zip<br><b>33805</b>  | Country<br><b>FL</b>                                  | 5. Date of Last Report<br><b>02/12/1996</b>  | 6. Certificate of Status Desired<br><input type="checkbox"/> Additional Fee Required <input type="checkbox"/> |
| 7. Name and Address of Current Registered Agent<br><br><b>CANTOR, JOEL<br/>14502 N. DALE MABRY<br/>SUITE 200<br/>TAMPA FL 33618</b>  |   | 8. Name and Address of New Registered Agent<br><br><b>Name</b><br><b>Street Address (P.O. Box Number is Not Acceptable)</b><br><b>Suite, Apt. #, etc.</b><br><b>City</b><br><b>FL</b><br><b>Zip Code</b> |   |
| 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) (NOTE: Registered Agent signature required when reinstating)  |   |  |   |
| 10. Title  | Managing Members/Managers                             | Business Street Address  | City, State and Zip Code  |
| MGRM   | CANTOR, JOEL  | 14502 N. DALE MABRY, SUITE   | TAMPA FL  |
|  |   |  | <b>700002172387--2</b><br><b>-05/08/97--01155--020</b><br><b>***203.75 ***203.75</b>                          |
| <b>Signature: [Signature] JOEL A. CANTOR</b>   |   |  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER  |   | Date<br><b>1/24/97</b>   | Daytime Phone #<br><b>813-968-3047</b>  |