

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

| LIMITED LIABILITY COMPANY | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|--|---------------------------|---|------------------------------------|
| ANNUAL REPORT 1997 | | FILED 97 MAR 10 AM 8:24 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| FILING FEE \$ 203.75 | | Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | |
| 1. Name and Mailing Address of Limited Liability Company | | DOCUMENT # 195000000660 | |
| VECTOR INVESTMENT OF MANATEE, L.C. 526 CENTRAL AVE., STE. 200 ST. PETERSBURG FL 33701 | | 1a. Principal Place of Business Address 526 CENTRAL AVE., STE. 200 ST. PETERSBURG FL 33701 | |
| If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. | | | |
| 2. Principal Place of Business | | 2a. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | | Zip | |
| Country | | Country | |
| 3. Date Organized or Qualified | | 3a. State of Formation | |
| 08/28/1995 | | FL | |
| 4. FEI Number | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 59-3333058 | | | |
| 5. Date of Last Report | | 6. Certificate of Status Desired | |
| 06/17/1996 | | \$8.75 Additional Fee Required <input type="checkbox"/> | |
| 7. Name and Address of Current Registered Agent | | 8. Name and Address of New Registered Agent | |
| FORD, HARVEY A ESQ. 800 2ND AVE. S., STE. 380 ST. PETERSBURG FL 33701 | | Name Kenneth W Heretick Street Address (P.O. Box Number is Not Acceptable) 526 Central Ave Ste 200 Suite, Apt. #, etc. City St Petersburg FL Zip Code 33701 | |
| 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 <u>[Signature]</u> | | DATE <u>2/14/97</u> | |
| (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) | | | |
| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
| MEM | PARKER, DAN L | 1240 Darlington Oak Circle NE P.O. BOX 25002, STE. 344 | St. Petersburg, FL BRADENTON FL |
| MEM | PARKER, JEFFREY J | 1240 Darlington Oak Circle NE 8423 BROOK ROAD | ST. PETERSBURG, FL MCLEAN VA |
| MEM | HELLINGER, RON | 19 PARADISE LN. | TREASURE ISLAND FL |
| MEM | BURSIK, PETER D | 526 CENTRAL AVE., STE. 200 | ST. PETERSBURG FL |
| MEM | HERETICK, KENNETH W | 526 CENTRAL AVE., STE. 200 | ST. PETERSBURG FL |
| 500002110665--4 -03/11/87-01126-013 ****203.75 ****203.75 | | | |
| 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 attachment with an address. | | | |
| SIGNATURE: <u>[Signature]</u> | | DATE <u>2/14/97</u> (813) 823-1130 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER | | Daytime Phone # | |