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 1 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Feed R MAR 23 PM 3: 1 \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Llability Company **DOCUMENT #** L95000000733 1a. Principal Place of Business Address J.K.C. WEN, L.C. 3 SUGARMILL LN 3 SUGARMILL LN FLAGLER BEACH FL 32136 FLAGLER BEACH FL 32136 2. Principal Place of Business 2a. Malling Address 3. Date Organized or Qualified 3a. State of Formation 09/22/1995 4. FEI Number FL Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 59-3335121 5. Date of Last Report 6. Certificate of Status Desired Zip Country Ζiρ Country SB 75 Additional Fee Required <u> 04/18/1997</u> 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office CASEY, JOHN J Street Address (P.O. Box Number is Not Acceptable) 3 SUGARMILL LN FLAGLER BEACH FL 32136 200000246899 Suite, Apt. #, etc. -03/24/98---01091--021 ****1266.00 ****188.75 City 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 FLAGLER BEACH FL 32/3% MGRM CASEY, JOHN J 3 SUGARMILL LN 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

SIGNATURE AND TYPED ORPAINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

attachment with an address.