File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE DIVISION OF COME ORALIONS Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAY - 3 AM 11: 32 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 #** L95000000733 1a. Principal Place of Business Address J.K.C. WEN, L.C. aa Ah 3 SUGARMILL LN 3 SUGARMILL LN FLAGLER BEACH FL 32136 FLAGLER BEACH FL 32136 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 09/22/1995 FLSuite, Apt. #, etc. Suite, Apt. #, etc 4. FEI Number Applied For City & State City & State 59-3335121 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Ζıp Country Zφ Country \$8.75 Additional Fee Required 03/23/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office CASEY, JOHN J 3 SUGARMILL LN Street Address (P.O. Box Number is Not Acceptable) FLAGLER BEACH FL 32136 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. Thereby accept the appointment as registered agent, and accept the obligations DATE 4-23-99 SIGNATURE 10. Title Business Street Address Managing Members/M City, State and Zip Code CASEY, JOHN J MGRM 3 SUGARMILL LN FLAGLER BEACH FL 600002871916~ -05/11/99--01084--017 ****188.75 ****188.75 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:

INHSE10 R (12-98)