


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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|--|---------------------------|--|---|---|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | FILED 99 MAR 10 AM 10:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| FILING FEE \$ 188.75 | | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | |
| 1. Name and Mailing Address of Limited Liability Company DOCUMENT # L95000000745 TRETOPS OF JACKSONVILLE, L.C. 2700 N.W. 43RD STREET SUITE D GAINESVILLE FL 32606 | | 1a. Principal Place of Business Address 2700 N.W. 43RD STREET SUITE D GAINESVILLE FL 32606 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | 3. Date Organized or Qualified 10/02/1995 4. FEI Number 59-3337012 5. Date of Last Report 03/02/1998 | |
| 3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | | 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 7. Name and Address of Current Registered Agent HODER, HOWARD I 2700 N.W. 43RD STREET SUITE D GAINESVILLE FL 32606 | | | 8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 100002810901 Suite, Apt. #, etc. 03/18/99-01085-011 City Zip Code FL ***188.75 ***188.75 | | |
| 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 _____ | | | | | |
| <small>(Print Name of Accepting Agent) (If Filing Agent, Print Name of Person who is Filing)</small> | | | | | |
| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code | | |
| MGR | HODER, HOWARD I | 2700 N.W. 43RD STREET, SUITE D | GAINESVILLE FL | | |
| MGR | SHAW, JAMES W | 2700 N.W. 43RD STREET, SUITE D | GAINESVILLE FL | | |
| MGR | MORGAN, JAMES F | 3728 PHILLIPS HIGHWAY, SUITE D | JACKSONVILLE FL | | |
| SL 3-17-99 | | | | | |
| 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: _____ James W. Shaw 2/25/99 (352) 373-0410 | | | | | |
| <small>SIGNATURE AND TYPE OF TITLE OF SECRETARY, MANAGING MEMBER OR MANAGER</small> | | | | | |