File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY A Katherine Harris ANNUAL REPORT FILED Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR 14 PH 1: 18 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE SEGALIARI DE STATE TALLAHASSEE, FLORIDA Name and Mailing Address
of Limited Liability Company **DOCUMENT # 195000000937** 1a. Principal Place of Business Address MARTIN AND WILKINS, L.C. PRINCETON FL 33632 22/70 23850 S.W. -122ND AVENUE PRINCETON FL 38032 23/00 SW 123 AVK 22/00,500 123 1004 3. Date Organized or Qualified 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 12/06/1995 Suite, Apt #, etc Suite Apt #. etc. 4. FEI Number Applied For City & State City & State 65-0627196 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 05/04/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name MARTIN, WILLIAM C 33150 0.W. 4113ND AVENUE Street Address (P.O. Box Number is Not Acceptable) PRINCETON FL 33632 23/70 23/00 SW 123 DVG Suite, Apt. #, etc. 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 it's 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 SIGNATURE (Reg and Age (A exploy Approximate the first seed Age (Separtic terms two contribution Managing Members/Managers **Business Street Address** City, State and Zip Code 10. Title MEM MARTINS, WILLIAM C 23650 S.W. 122ND AVE. PRINCETON FL MEM WILKINS, ROY F 23650 S.W. 122ND AVE. PRINCETON FL 340002847873-05 ****188.75 ****188.7**1** 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 Statutos. Hurther 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, Flonda Statutes, and that my name appears in Block 10, or on an attachment with an address