
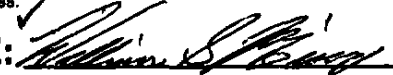


FILE NOW: Fee after May 1, will be \$588.75

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|--|--|--|---|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| 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 CAPE TOWN, L.C. P.O. BOX 13606 ROANOKE VA 24035 | | DOCUMENT # L95000000940 | |
| If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. | | 1a. Principal Place of Business Address 10 S. JEFFERSON ST., STE. 110 ROANOKE VA 24011 | |
| 2. Principal Place of Business 364 Golfview Rd. Suite, Apt. #, etc. # 506A City & State N. Palm Beach, Florida Zip 33408 Country USA | 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country | 3. Date Organized or Qualified 12/05/1995 4. FEI Number 54-1786366 | 3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 7. Name and Address of Current Registered Agent BAILY, JAY E 46 N. WASHINGTON BLVD., STE. 13 SARASOTA FL 34236 | | 5. Date of Last Report 02/14/1996 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> | |
| 8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL 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. I hereby accept the appointment as registered agent, and accept the obligations. | | | |
| SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) | | DATE _____ | |
| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
| MGR | DECHOW, GERALD A | 10 S. JEFFERSON ST., STE. | ROANOKE VA |
| MGR | William S. Morris | 364 Golfview Rd. # 506A, | N. Palm Beach, FL 33408 |
| Mem. | Steven W. Morris | 364 Golfview Rd. # 506A, | N. Palm Beach, FL 33408 |
| Mem. | Sherri Morris Cisne | 364 Golfview Rd. # 506A, | N. Palm Beach, FL 33408 |
| | | 600002234226--9 -07/03/97--01107--001 ****588.75 ****588.75 JB 7-7-97 | |
| 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:  William S. Morris | | Date 6/27/97 540-342-2102 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER | | Date Daytime Phone # | |