File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED SECRETARY OF STATE DIVISION OF CORPORATIONS LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 **DIVISION OF CORPORATIONS** 98 APR 22 PM 12: 15 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L95000000966 1a. Principal Place of Business Address CFR HOLDINGS, L.C. 1909 CHOWKEEBIN COURT 1909 CHOWKEEBIN COURT TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 01/01/1996 4. FEI Number Suite, Apt. #, etc. FL Suite, Apt. #, etc. Applied For City & State City & State Not Applicable NOT APPLICABLE 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country \$8.75 Additional Fee Required 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Name GLICK, RICHARD DR. Street Address (P.O. Box Number is Not Acceptable) 1909 CHOWKEEBIN COURT TALLAHASSEE FL 32301 <u>600002502816---</u> Sulte, Apt. #, etc. -04/28/98--01061--012 ****188.75 ****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 MGRM GLICK, RICHARD 1909 CHOWKEEBIN COURT TALLAHASSEE FL

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther 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:

DICHARO GLICIL

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