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

SIGNATURE:

NHSE10 R(12-96)

FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham · ANNUAL REPORT FILED Secretary of State 1997 **DIVISION OF CORPORATIONS** 97 FEB 10 PM 3: 59 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee ILING FEE \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECKETARY OF STATE TALLAHASSEE, FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT** #L9500000968 1a. Principal Place of Business Address 1260 ASSOCIATES, L. C. 1260 37TH STREET 1260 37TH STREET VERO BEACH FL 32960 VERO BEACH FL 32960 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 12/14/1995 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0633259 Not Applicable 5. Date of Last Report 8. Certificate of Status Desired Zip Country Country SB-7-7-Tobbornal Lee Berguised 02/12/1996 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent CAIN, JAMES L M.D. 1260 37TH STREET Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32960 Suite, Apt. #, etc. Zip Code FL 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) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR CAIN, JAMES L 1260 37TH STREET VERO BEACH FL 90|00020**85**379--02/12/97**--**01082--008 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER