2nd and FINAL NOTICE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 99 FEB -2 AM 9: 26 1998 **DIVISION OF CORPORATIONS** FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 588.75 Name and Mailing Address of Limited Liability Company **DOCUMENT #** L95000000981 1a. Principal Place of Business Address PEGASUS CAPITAL INVESTMENTS LC 5-H OAK BRANCH DR. 5-H OAK BRANCH DR. GREENSBORO NC 27407 GREENSBORO NC 27407 CM 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 12/20/1995 4. FEI Number FLSuite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & Glate City & State Not Applicable 58-2223755 5. Date of Last Report 6. Certificate of Status Desired Žip Country \$8.75 Additional Fee Required 08/25/1997 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Name Corporation Service Company CASS, NANCY J Street Address (P.O. Box Number is Not Acceptable) 324 HYDE PARK AVE., SUITE 375 1201 Hays Street TAMPA FI. 33606 Suite, Apl. #, etc Zip Code City Tallahassee 32301 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 ___ DATE _ 1-19-99 Managing Members/Managers City, State and Zip Code **Business Street Address** 5509-A WEST FRIENDLY AVE., GREENSBORO NC MGRM FALCON CAPITAL INVES, 300002766533--7 -02/05/39--01114--001 ****668.75 ****668.75 REMSTATEMENT adooo2766533----02/05/93--01114--002 ****208.75 ****208.75

11 Ido hereby: Joby this the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on the normal 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