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 FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1998 98 MAR -9 PM 12: 15 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee of the Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 188.75 Name and Mailing Address
 of Limited Liability Company **DOCUMENT #** L9500001004 1a. Principal Place of Business Address PLANTNET SOFTWARE, L.C. 901-4TH STREET N.W. 901-4TH STREET N.W. RUSKIN FL 33570 RUSKIN FL 33570 3s. State of Formation 3. Date Organized or Qualified 2a. Mailing Address 2. Principal Place of Business 12/28/1995 FL Suite, Apt. #, etc. Sulte, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 59-3357186 5. Date of Last Report 8. Certificate of Status Desired Country Country Zip \$8.75 Additional Fee Required 03/28/1997 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent PYLE, TERRENCE F ESQ. Street Address (P.O. Box Number is Not Acceptable) 707 DEL WEBB BOULEVARD SUN CITY CENTER FL 33573 Suite, Apt. #, etc. Zip Code 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. DATE SIGNATURE. (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) City, State and Zip Code **Business Street Address** Managing Members/Managers 10. Title MGRM PLANTS OF RUSKIN, INC. | % R.E. BARRETT, 901 - 4TH | RUSKIN FL % STEPHEN L. BENNETT, 1440 PALM HARBOR FL MGRM LB3 CORPORATION, 40<u>000245463</u>4---9 -03/12/98--01005--016 ****188.75 ****188.75

11. Leo 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 eath; that I am a managing member or manager of the limited liability company or the receiver or true tee 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

EMAIL & DANGE OF SKINING MANAGING MEMBER OF MANAGER

DRIFE AND TYPED OR PRINTED NAME OF SKINING MANAGING MEMBER OF MANAGER

DRIFE

Paylime Phone #