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

FIT ED LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 97 APR 17 AM 11:08 1997 **DIVISION OF CORPORATIONS** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee **FILING FEE** SECRETARY OF STATE ALLAHASSEE, FLORIDA \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #**L9600000140 1a. Principal Place of Business Address TALLAHASSEE LAND HOLDINGS, L.C. 250 INTERNATIONAL PARKWAY 50 INTERNATIONAL PARKWAY SUITE 226 SUITE 226 HEATHROW FL 32746 HEATHROW FL 32746 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 Same 2/01/1996 FL Suite, Apt. #, etc Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3362429 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country 8-75 Additional Fee Dequired 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent SELBY, C. THOMAS 250 INTERNATIONAL PARKWAY Street Address (P.O. Box Number is Not Acceptable) BUTTE 226 HEATHROW FI 32746 Suite, Apt. #, etc. 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 egent, 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 MGRM SELBY, C. THOMAS 450 INTERNATIONAL PARKWAY, HEATHROW FL MGRM PUCH, JAMES H JR. **1**59 CAROLINA AVENUE WINTER PARK FL 000002150370--1 -04/22/97--01039--008 ****203.75 ****203.75 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 pusses empowered because 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: 4-10-97 407 333-1604 SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MANBER OR MANAGER

Daytime Phone #