File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. SECRETARY OF STATE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris DIVISION OF CORPORATIONS ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAR 26 AM II: 19 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT** # L9600000237 1a. Principal Place of Business Address 121 Atlantic, L.C. 50 North Laura Street 50 North Laura Street Suite 3900 Suite 3900 Jacksonville, FL 32202 Jacksonville, FL 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 2/29/96 Florida Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 59-3373724 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country \$6.75 Additional Fee Required 5/4/98 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Intrastate Registered Agent Corporation 701 Brickell Avenue Street Address (P.O. Box Number is Not Acceptable) Suite 3000 Miami, FL 33131 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 mombers. Thereby accept the appointment as registered agent, and accept the obligations SIGNATURE DATE (Buyshered Agent Associate, Appearance) (Bottle, Regulered Agent separation appearance in out the o 10. Title Managing Members/Managers Rusiness Street Address City. State and Zip Code. MGR Saoud, Edmond B843-1 San Jose Blvd. Jacksonville, FL 3224 MGR Wallis, Donald W. 50 N. Laura St., #3900 Jacksonville, FL 3220≵ ****188.75 ****188.75 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, Hurther 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.

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