File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE FILED Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS 98 HAY -1 PM 12: 45 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA Name and Mailing Address
of Limited Liability Company **DOCUMENT # 1.96000000348** 1s. Principal Place of Business Address FIRST TEAM BERMUDA LIMITED COMPANY 350 S. LAKE DESTINY DR., SUITE 200 350 S. LAKE DESTINY DR., SUITE 200 ORLANDO, FL 32810 ORLANDO, FL 32810 3. Date Organized or Qualified 2. Principal Place of Business 2a. Mailing Address 3a. State of Formation 03/26/96 Florida Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3368168 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zω Country 02/17/97 \$8.75 Additional Fee Bequired 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office J. GREGORY HUMPHRIES 201 D. Pine St., Suite 701 Street Address (P.O. Box Number is Not Acceptable) Orlando, FL 32001 20 North Orange Ave. Suite, Apt. #, etc. Suite 1000 Zip Code Orlando 32801-4626 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 Appendition). (NOT) Registered Agent signature required when reinstating) Managing Members/Managers **Business Street Address** City, State and Zip Code 10. Title Mgr. First Team Management, Inc. 350 S. Lake Destiny Dr., #200 Orlando, FL 32810 Mem 350 S. Lake Destiny Dr., #200 Orlando, FL 32810 Donald C. Mealey Mem ****188.75 ****188.75

11. Ido hereby certify that the information supplied with this filling 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 sent 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:

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