File on or before May 1, 1999 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 Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR 22 PM 2: 09 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 # L96000000435** 1a. Principal Place of Business Address S.B.W. OF VOLUSIA COUNTY, L.C. 530 SANDY OAKS BLVD. 530 SANDY OAKS BLVD. ORMOND BEACH FL 32174 ORMOND BEACH FL 32174 3. Date Organized or Qualified | 38. State of Formation 2 Principal Place of Business 2a. Mailing Address 04/16/1996 FLSuite, Apt. #, etc. Suite, Apt #, etc. 4. FEI Number Applied For City & State City & State 59-3372871 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zin Ζip Country \$8.75 Additional Fee Required 04/03/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office BARSHAY, RAYMOND 530 SANDY OAKS BLVD. Street Address (P.O. Box Number is Not Acceptable) ORMOND BEACH FL 32174 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. Thereby accept the appointment as registered agent, and accept the obligations SIGNATURE _ (Region red Agent Am Epting Applier Intern). (NCML Beg stored Agent signative respond when revolution **Business Street Address** City, State and Zip Code 10. Title Managing Members/Managers MGRM BARSHAY, RAYMOND 530 SANDY OAKS BLVD. ORMOND BEACH FL MGRM GUSTL SPRENG ENTERPRIS 2890 MALIBU COURT DAYTONA BEACH FL MGRM WIGGINS, WILLIAM J 2757 SPRUCE CREEK BLVD. DAYTONA BEACH FL 600002853566-~: -04/27/99--01069--004 ****188.75 ****188.79 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 limbed 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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