File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE FILED LIMITED LIABILITY COMPANY & Sandra B. Mortham ANNUAL REPORT Secretary of State 98 100 20 21 31 39 1998 **DIVISION OF CORPORATIONS** FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L9600000456 1a. Principal Place of Business Address GEMINI III, L.C. PO BOX 9213 1821 BUSINESS PARK BLVD. DAYTONA BEACH FL 32120 DAYTONA BEACH FL 32114 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 04/23/1996 Suite, Apt. #, etc. Sulte, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3419165 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country \$8.75 Additional Lee Required 02/17/1997 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent/Office Name DIAL, NIDRAH C/O AMERICAN NATIONAL ACCEPTANCE COR Street Address (P.O. Box Number is Not Acceptable) 1821 BUSINESS PARK BLVD. **300002468353--1** -03/25/98--01092--009 DAYTONA BEACH FL 32114 Suite, Apt. #, etc. ****182,75 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 Appointment) (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM DIAL, H. JAMES 1821 BUSINESS PARK BLVD DAYTONA BEACH FL MGRM DIAL, NIDRAH 1821 BUSINESS PARK BLVD DAYTONA BEACH FL 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

MISS MATCHE AND TYPE D OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Dayling Phone #

attachment with an address.

SIGNATURE: