File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE FILED Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR 12 AM 9 30 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SECHLIA DA STATE Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company **DOCUMENT #** 196000000463 1a. Principal Place of Business Address PUTULIN INVESTMENTS, LC 1641 STATE ROAD 40 1641 STATE ROAD 40 ORMOND BEACH FL 32174 ORMOND BEACH FL 32174 3. Date Organized or Qualified 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 04/22/1996 FLSuite, Apt. #, etc. Suite, Apl. #, etc. 4. FEI Number Applied For City & State City & State 59-3430920 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Ζiρ Country Zρ Country \$8.75 Additional Fee Required 04/22/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office PUTULIN, ALBERTO 1641 STATE ROAD 40 Street Address (P.O. Box Number Is Not Acceptable) ORMOND BEACH FL 32174 Suite, Apt #, etc Zip Code City 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. DATE SIGNATURE _____ (Herj Sterk) Agent Accepting Appointment). (NOTE They stood Agent signature in panel who in contacting 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR PUTULIN, ALBERTO 1641 STATE ROAD 40 ORMOND BEACH FL 200002842412--3 -04/16/99--01087--001 ****188,75 ****198.79

SIGNATURE: ACBERTO C. PUTUCIN MUSEUM L. 11-99 904 677-3689

11 Ido 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 instituted 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 infinited 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

atlachment with an address