File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE 99 MAY -3 PH 1: 14 5/6 LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company **DOCUMENT # 196000000476** 1a. Principal Place of Business Address WEST TOWN APARTMENTS, L.C. C/O THE WESTERN & SOUTHERN LIFE INSURANCE C/O THE WESTERN & SOUTHERN L 400 BROADWAY 400 BROADWAY CINCINNATI OH 45202 CINCINNATI OH 45202 3. Date Organized or Qualified | 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 04/26/1996  $\mathbf{FL}$ Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59~3430497 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Ζip Country Zip Country \$8.75 Additional Fee Required 07/23/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office SCOTT, WILLIAM G 2700 BARNETT PLAZA Street Address (P.O. Box Number is Not Acceptable) 101 EAST KENNEDY POULEVARD TAMPA FL 33602 Suite Ant # 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 \_\_ \_\_\_\_ DATE (Monstered Agent Agreeting Appendix eath) (NOTE Based-red Agent square to open twheeters a red 10. Title Managing Members/Managers **Business Street Address** City. State and Zip Code MGR EAGLE REALTY GROUP, IN 421 E. FOURTH STREET CINCINNATI OH 200002871142--0 -05/11/39--01050--001 \*\*\*\*188.75 \*\*\*\*188.75 11 1do hereby certify that the information supplied with this filling 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 egg that my signature shall have the same legal effect as it 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 AND EVERY OF CHILITED MAME OF GROUPS, MANAGERS MEMBER COLUMNA SOLICE

INHSE10 R (12-98)

SIGNATURE: