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 DIVISION OF CORPORATIONS 99 APR 29 PM 4: 15 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address DOCUMENT # L9600000508
of Limited Liability Company NEW-SON CONSTRUCTION MANAGEMENT COMPANY, 1a. Principal Place of Business Address .c. 1881 PLEASANT HILL RD. 1881 PLEASANT HILL RD. KISSIMMEE FL 34746 KISSIMMEE FL 34746 3. Date Organized or Qualified 3a. State of Formation 2a. Mailing Address 2 Principal Place of Business 05/07/1996 FL. Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 59-3415394 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Ζφ Country S8 75 Additional Fee Required 03/27/1998 B. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent WATSON, RAYMOND T 713 CONESUS LANE Street Address (P.O. Box Number is Not Acceptable) WINTER SPRINGS FL 32708 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 SIGNATURE \_ (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstalling) **Business Street Address** City, State and Zip Code Managing Members/Managers 10. Title 1881 PLEASANT HILL RD. KISSIMMEE FL #IGR NEWGENT, JACK S WINTER SPRINGS FL 713 CONESUS LANE WATSON, RAYMOND T MGR Kissimmee flderete PM 1821 HUGHEY ST. MGR-SCHOLL, JACK A TEQUESTA FL DELECE PHO 510 N. DOVER RD. MONK, DAVID T MGR ndooo2868280---4 -05/07/99--01140--010 \*\*\*\*188.75 \*\*\*\*188.75 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 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 attachment with an address.

AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE:

HSE 10 R (12-98)