File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS 98 APR 13 AM 9: 43 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 # L96000000512 1a. Principal Place of Business Address TIFFANY INVESTMENTS, L.C. 1111 CENTRAL FLORIDA PARKWAY 1111 CENTRAL FLORIDA PARKWAY ORLANDO, FL 32837 ORLANDO, FL 32837 3. Date Organized or Qualified | 3a. State of Formation 2 Principal Place of Business 5/5/96 Florida 4. FEI Number Applied For 59-3384059 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office GRUMER, KEITH Street Address (P.O. Box Number is Not Acceptable) 1 EAST BROWARD BLVD., SUITE 1705 FT. LAUDERDALE, FL 33301 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. I hereby accept the appointment as registered agent, and accept the obligations SIGNATURE _ (Registered Agent Accepting Appointment) (NOTL Registered Agent signature required when reinstating) **Business Street Address** City, State and Zip Code 10. Title Managing Members/Managers MGRM **SALOMON, EDWARD M., III** 1464 HEATHER WAY KISSIMMEE, FL 34744 MOOM KISSIMMFE...YL...34744 **MILES, DAVID H.** 1464 HEATHER WAY MEM SBAW, RICHARD W. 1464 HEATHER WAY KISSIMMEE, FL 34744 800002491368---5 -04/16/98--01119--023 ****188.75 ****188.75 11. If to 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

<u> Edward M. Salomon, III</u>

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER.

2/12/98

407-851-6500

Daytime Phone #

attachment with an address.

SIGNATURE: