File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 FEB 24 All 9:55 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 #** 19600000523 1a. Principal Place of Business Address FROM LITTLE ACORNS, L.C. C/O ALAN PRESCOTT C/O ALAN PRESCOTT 234 WILLARD ST 234 WILLARD ST COCOA FL 32922 **COCOA FL 32922** 3. Date Organized or Qualified 2 Principal Place of Business 2a. Mailing Address 3a. State of Formation 05/10/1996 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3406571 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Ζφ Country \$8.75 Additional Fee Required 03/12/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name MARKEY, KEVIN P 410 W MERRITT AVE Street Address (P.O. Box Number is Not Acceptable) MERRITT ISLAND FL 32954 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. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (Registered Agent Accesting Appointment). (NOTe: Registered Agent September (e) insitely entropy in our Managing Members/Managers **Business Street Address** City. State and Zip Code 10. Title MEM MYAIR LC, 3165 N. ATLANTIC AVENUE COCOA BEACH FL MEM JOLLY GOOD ENTERPRISES C/O ALAN PRESCOTT, 234 W11 COCOA FL 700002900107----03/09/99--01091--024 ****188.75 ****188.75 Acc 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. Hurther 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

SIGNATURE AND TYPE FOR PRICTIFICHAME OF SIGNATURE MALAGRAPH MEMBER OF MALAGRAP

2:22:99 407638 4004

INHSE10 R (12-98)

SIGNATURE: