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 MAY 12 PM 1: 25 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address
of Limited Liability Company **DOCUMENT #** 19600000537 1a. Principal Place of Business Address SOUTHEAST DIGITAL MAPPING, L.L.C. 5821 RANGE LINE RD. #101 5821 RANGE LINE RD. #101 THEODORE AL 36582 THEODORE AL 36582 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 05/08/1996 FL Suite, Apt. #, etc. Sulte, Apt. #, etc. 4. FEI Number Applied For City & State City & State 63-1179973 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country \$8.75 Additional Fee Required <u>06/02/1997</u> 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office SUMMEY, DONALD L 1857 WELLS ROAD #213 Street Address (P.O. Box Number is Not Acceptable) ORANGE PARK FL 32073 Suite, Apt. #, etc. City 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 Againt Accepting Appointment) (NOTE Registered Againt signature required when reinstalling) Managing Members/Managers **Business Street Address** City, State and Zip Code 10. Title MGRM SUMMEY, DONALD L 5821 RANGE LINE RD. THEODORE AL MGRM SUMMEY, MARIA G 5821 RANGE LINE RD. THEODORE AL MGRM SUMMEY, DONALD L 1857 WELLS ROAD STE 213 ORANGE PARK FL 30|0002522**5**43--1 -05/13/98--01112--023 ****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

Davtme Phone #

attachment with an address.

SIGNATURE: