File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED SECRETARY OF STATE DIVISION OF CORPORATIONS LIMITED LIABILITY COMPANY & FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT 1998 Secretary of State DIVISION OF CORPORATIONS 98 MAR -2 AM 10: 20 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 #** 19600000681 1a. Principal Place of Business Address LBD ENTERPRISES, L.C. -118 N. MONROE ST. -118 N. MONROE ST. TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation R+4 Box 292 06/24/1996 FL 4. FEI Number Applied For City & State Not Applicable 59-3400021 5. Date of Last Report 6. Certificate of Status Desired Country SB 75 Additional Fee Required ひらみ 32351 USA 03/28/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name LEWIS & WHITE, L.C. 216 W. COLLEGE AVE. Street Address (P.O. Box Number is Not Acceptable) SUITE 201 Suite, Apt. #, etc. TALLAHASSEE FL 32301 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 Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) **Business Street Address** 10. Title City, State and Zip Code Managing Members/Managers MGR LEE, ROBERT F 118 N MONROE ST. TALLAHASSEE-FL R+4, Box 292 QUINCY, 47a 32351 70002445497---0 -03/03/98--01046--025 \*\*\*\*188.75 \*\*\*\*188.75 11 I do 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.

SIGNATURE AND TYPE O CHARINTED NAME OF SIGNING MANAGING MEMBER OF MANAGER Date Days'imp Pronc #

SIGNATURE: