


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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| LIMITED LIABILITY COMPANY ANNUAL REPORT 1998 |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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FILED *4/27*
98 APR 27 AM 8:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L96000000687

SPACE COAST PARTNERS I, L.C.
20 SOUTH U.S. 17-92
DEBARY FL 32713

1a. Principal Place of Business Address

20 SOUTH U.S. 17-92
DEBARY FL 32713

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|--------------------------------|---|
| 3. Date Organized or Qualified | 3a. State of Formation |
| 06/25/1996 | FL |
| 4. FEI Number | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 59-3388396 | |
| 5. Date of Last Report | 6. Certificate of Status Desired |
| 04/23/1997 | \$8.75 Additional Fee Required <input type="checkbox"/> |

7. Name and Address of Current Registered Agent

ROST, SCOTT R
444 SEABREEZE BOULEVARD #800
DAYTONA BEACH FL 32118

8. Name and Address of New Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
Zip Code
FL

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 _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|-----------|---------------------------|----------------------------|--------------------------|
| MGR | ROSE, GLENN | 1645 DUNLAWTON AVENUE APT. | PORT ORANGE FL |

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****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: *Glenn Rose* Manager 4/2/98 401-668-2700
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #