FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS 97 MAR 27 AM 9:54 FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee SECRETARY OF STATE \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE TĂLLAHASSEE FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT #**19600000728 1a. Principal Place of Business Address ADVANTAGE INDOOR, L.L.C. 2327 RIVER PARK CIRCLE SUITE 1411 2327 RIVER PARK CIRCLE SUITE ORLANDO FL 32817 ORLANDO FL 32817 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 2a. Mailing Address Principal Place of Business 3. Date Organized or Qualified | 3a. State of Formation 07/05/1996 FL 4 FELNumber Applied For Not Applicable 6. Certificate of Status Desired SB 75 Ad Mon 4 Fee Required Orange 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent BEAUCHAMP, CHRIS 2327 RIVER PARK CIRCLE SUITE 1411 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32817 **-03/28/97--01085--006** Suite, Apt. #, etc. *******2[1<u>3</u>, 666, *****2[13]. 75 City 9. Pursuant to the provisions of Sections 608.416 and 608.508, Fiorida 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 _ nt signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM BEAUCHAMP, CHRIS 2327 RIVER PARK CIRCLE SUI ORLANDO FL MGRM ORGAN, CRAIG 2327 RIVER PARK CIRCLE SUI ORLANDO FL 11. I do hoge by 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 TYPED OF PRINTED NAME OF SIGNING M A AGING MEMBER OR MANAGER INHSE10 R(12-96)