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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

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

1. Name and Malling Address DOCLIMENT #

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 APR 27 PM 4: 15

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1. Name and Malling Address of Limited Liability Company DOCUMENT # L96000000830 EXETECH OF AMERICA, L.C. 3000 OLSON ROAD TALLAHASSEE FL 32308					1a. Principal Place of Business Address 3000 OLSON ROAD TALLAHASSEE FL 32308			
								2. Principal Place of Business 2a. Mail
Suite, Apt. #, etc. Suite, Ap		it. #, etc.			08/02/1996 4. FEI Number		FL Applied For	
City & State City &		itate					Not Applicable	
Country	Zip Countr		у	5. Date of Last Report		6. Certificate of Status Desired S8.75 Additional Fee Required		
7 Name and Address of Current Registered Agent				0 1	05/01/1997			
tr commo auto transas or parient redigina Manif				Name Name				
LEVINSON, ADAM 3000 OLSON ROAD TALLAHASSEE FL 32308				Street Address (P.O. Box Number is Not Acceptable) BDDD25070683 Suite, Apt. #, etc04/30/3801104-002 ****188.75 ****188.75				
				City		FL	Zip Code	
isions of Sections 608.410 gistered agent, or both, in t d accept the obligations.	6 and 608.508 he State of Flo	, Florida Stati rida. Such chi	utes, the ab ange was au	ove-named limited ithorized by affirmat	liability company su live vote of a majority	bmits this state of the member	ment for the purpose of changing s. I hereby accept the appointment	
SIGNATURE					DATE			
						City, State and Zip Code		
Title managing ividitioe avvianagers		Dusiness Cited Address				City, State and 2-p 500e		
MGRM TALSTAR, L.C. MGRM FORESMAN, WILLIAM B		3000 OLSON ROAD			TALLAHASSEE FL TALLAHASSEE FL			
	H OF AMERIC LSON ROAD ASSEE FL 32 siness Country e and Address of Current ADAM ROAD E FL 32308 isions of Sections 608.41 glistered agent, or both, in the discount of the obligations. (Registered Agent Acceptor anaging Members/Management of the country of th	H OF AMERICA, L.C LSON ROAD ASSEE FL 32308 siness 2a. Maili Suite, Ap City & St Country 2 ip and Address of Current Registered ADAM ROAD E FL 32308 isions of Sections 608.416 and 608.508 gistered agent, or both, in the State of Fio d accept the obligations. (Registered Agent Accepting Appointment) (Registered Agent Accepting Appointment) anaging Members/Managers AR, L.C.	H OF AMERICA, L.C. LSON ROAD ASSEE FL 32308 siness 2a. Mailing Address Suite, Apt. #, etc. City & State Country 2ip e and Address of Current Registered Agent ADAM ROAD E FL 32308 isions of Sections 608.416 and 608.508, Florida Stat gistered agent, or both, in the State of Florida. Such child accept the obligations. (Registered Agent Accepting Appointment) (NOTE Registered anaging Members/Managers AR, L.C. 3000	H OF AMERICA, L.C. LSON ROAD ASSEE FL 32308 siness 2a. Mailing Address Suite, Apt. #, etc. City & State Country 2ip Countr e and Address of Current Registered Agent ADAM ROAD E FL 32308 isions of Sections 608.416 and 608.508, Florida Statutes, the ab gistered agent, or both, in the State of Florida. Such change was aud accept the obligations. (Registered Agent Accepting Apparentment) (NOTE Registered Agent signature anaging Members/Managers Business AR, L.C. 3000 OLSON	H OF AMERICA, L.C. LSON ROAD ASSEE FL 32308 Suite, Apt. #, etc.	H OF AMERICA, L.C. LSON ROAD ASSEE FL 32308 2a. Mailing Address Suite, Apt. #, etc. City & State Country 2ip Country Country 2ip Country E and Address of Current Registered Agent ADAM ROAD E FL 32308 Street Address (P.O. Box Number is Suite, Apt. #, etc. City Suite, Apt. #	1a. Principal Place of Business 1a. Principal Place of Business 3 000 OLSON ROF TALLAHASSEE FI 3000 OLSON ROF TALLAHASSEE FI 3000 OLSON ROF TALLAHASSEE FI 3. Date Organized or Qualified 08/02/1996 4. FEI Number Country 2 ip Country 2 ip Country 5 Date of Last Report 5 Date of Last Report 8. Name and Address of New Regis Name ADAM ROAD E FL 32308 Suite, Apt. #, etc. 5 1010 0 2 Suite, Apt. #, etc. 1 2 10	

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 attachment with an address.

SIGNATURE:

Shews Mallisty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/23/98

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