File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY **Katherine Harris** ANNUAL REPORT FILED Secretary of State 1999 **DIVISION OF CORPORATIONS** 99 IMY -3 PH 5: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # 196000000861** 1a. Principal Place of Business Address CHIPPENDALES PROPERTIES, L.C. 7380 SAND LAKE RD 7380 SAND LAKE RD SUITE 350 SUITE 350 ORLANDO FL 32819 ORLANDO FL 32819 2. Principal Place of Business 3. Date Organized or Qualified 2a. Mailing Address 3a. State of Formation 08/09/1996 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4 FEI Number Applied For City & State City & State 59-3407714 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Žip Country Country \$8 75 Additional Fee Required 05/01/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office PRINGLE, WILLIAM R III, PA 7380 SAND LAKE RD Street Address (P.O. Box Number is Not Acceptable) SUITE 350 ORLANDO FL 32819 <u> 500002267255--</u> -05/07/99---01087---010 \*\*\*\* 197 Sti \*\*\*\* 197 St Zio Code City 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) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MEM CHIPPENDALES U.S.A., I 7380 SAND LAKE RD SUITE 35 ORLANDO FL MEM CHIPPENDALES HOLDINGS, 7380 SAND LAKE RD SUITE 35 ORLANDO FL 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 elecute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

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SIGNATURE AND TYPED OR PRINTED NAME OF

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attachment with an address.

SIGNATURE: