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

FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY FILED Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS 97 APR 11 AM 8:39 FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE TALLAHASSEE FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT** #1,9600000911 1a. Principal Place of Business Address ACES Q.C., L.C. 1421 NW 47TH TERRACE 1421 NW 47TH TERRACE GAINESVILLE FL 32605 GAINESVILLE FL 32605 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 08/26/1996 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 59-3397689 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Ζip Country s8.75 Additional Fee Begaind 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent BARTLETT, RODNEY J 1421 NW 47TH TERRACE Street Address (P.O. Box Number is Not Acceptable) 5000021436 94/15/37 00 GAINESVILLE FL 32605 Sulte, Apt. #. etc. \*\*\*\*203.75 \*\*\*\*203.75 Zip 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\_ DATE (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstalling) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR BARTLETT, RODNEY J 1421 NW 47TH TERRACE GAINESVILLE FL 11. I do hereby certify that the information supplied with this filling 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: (352) 392 - 1597 Davlime Phone # INHSE10 R(12-96)