


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

|  |                           |  |   |  |  |
|--|---------------------------|--|---|--|--|
| <b>LIMITED LIABILITY COMPANY</b><br><b>ANNUAL REPORT</b><br><b>1999</b>  |                           | <br><b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |   | <b>FILED</b><br>99 MAR 19 PM 1:30<br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA  |  |
| <b>FILING FEE \$ 188.75</b>  |                           | <b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b><br><b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>  |   |  |  |
| 1. Name and Mailing Address of Limited Liability Company<br><b>2001-27 LIMITED COMPANY</b><br><b>400 E. COLONIAL DR.</b><br><b>SUITE 910</b><br><b>ORLANDO FL 32803</b>  |                           | <b>DOCUMENT # L96000001001</b><br>1a. Principal Place of Business Address<br><b>400 E. COLONIAL DR.</b><br><b>SUITE 910</b><br><b>ORLANDO FL 32803</b>   |   |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |                           | 2a. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country  |   | 3. Date Organized or Qualified<br><b>09/23/1996</b><br>3a. State of Formation<br><b>FL</b><br>4. FEI Number<br><b>59-3435458</b><br><input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable<br>5. Date of Last Report<br><b>03/09/1998</b><br>6. Certificate of Status Desired<br><input checked="" type="checkbox"/> \$8.75 Additional Fee Required |  |
| 7. Name and Address of Current Registered Agent<br><b>LANE, MARION E</b><br><b>400 EAST COLONIAL DRIVE</b><br><b>SUITE 910</b><br><b>ORLANDO FL 32803</b>  |                           |  | 8. Name and Address of New Registered Agent/Office<br>Name<br><b>188.75</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>400002819114-2</b><br>Suite, Apt. #, etc.<br><b>03/26/99-01005-001</b><br><b>***188.75 ***188.75</b><br>City<br><b>FL</b><br>Zip Code |  |  |
| 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 <u>Marion E Lane</u><br><small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when new Agent is Appointed)</small>  |                           |  | DATE <b>3-15-99</b>   |  |  |
| 10. Title  | Managing Members/Managers | Business Street Address  |   | City, State and Zip Code   |  |
| MGRM   | LANE, MARION E            | 400 E. COLONIAL DR. SUITE 910  |   | ORLANDO FL 32803   |  |
| MGRM   | KAPANKE, WILLIAM E        | <del>912 CUTLER RD.</del><br><del>2606 CANTER CLUB TRAIL</del>   |   | <del>LONGWOOD FL</del><br><del>APOPKA FL</del> 32712   |  |
| MGRM   | ARTIP, HAROLD G           | <del>405 WILLOW BROOK LANE</del><br><del>912 CUTLER RD</del>   |   | LONGWOOD FL 32779  |  |
| MGRM   | MASTIN, PATRICIA D        | 944 FEATHER DRIVE  |   | DELTONA FL 32725   |  |
| MGRM   | BRYANT, LESTER R          | <del>MA 204 MEDICAL SCIENCE BLDG</del><br><del>439 PINNERS COVE RD.</del>  |   | <del>COLUMBIA MO</del><br><del>ASHEVILLE NC</del> 28803  |  |
| 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. 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: <u>Marion E Lane</u>  |                           |  | 3-15-99 407-481-9890  |  |  |