File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAR 12 PH 12: 33 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company **DOCUMENT #** L96000001094 1a. Principal Place of Business Address KANDECK PROPERTIES, L.C. 526 STOCKTON ST 1737 STATE ROAD 16 JACKSONVILLE FL 32204 ST AUGUSTINE FL 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 10/17/1996 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3438674 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country Zip \$8.75 Additional Fee Required 03/18/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name COLD, KATHLEEN H ONE INDEPENDENT DRIVE Street Address (P.O. Box Number is Not Acceptable) **SUITE 2301** JACKSONVILLE FL 32202 Suite, Apt. #, etc City 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 _ (Registered Agent Accepting Appointment) - (NET) - Registered Agent aignature required where temperaturing 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code KANTOR, STANLEY MGR 2523 EDISON AVE JACKSONVILLE FL MGR PAINTER, ROGER W 526 STOCKTON STREET JACKSONVILLE FL 700002806457---03/15/33~-01135--004 ****188.75 ****188.75

11 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 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:

SNATURE AND TYPED ORDERED DINAME OF SERVIDO MANAGER EMEMBER OF MANAGER

3-4-99 (904)394.793