File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY 98 HAY -1 PM 2: 22 Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS STORETARY OF STATE TALLAHASSEE, LLORON FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address
 Ilmited Liability Company **DOCUMENT #** L96000001192 1a. Principal Place of Business Address METCALF ELECTRIC & A/C, L.C. 700 N 15TH P.O. BOX 13067 115A S 42ND STREET MEXICO BEACH FL 32410 MEXICO BEACH FL 32410 3. Date Organized or Qualified | 3a. State of Formation 2. Principal Place of Business 2a. Mailing Address 11/12/1996 4. FEI Number FLSuite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 59-3407047 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country \$8.75 Additional Fee Required 05/01/1997

8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent METCALF, EDWARD J Street Address (P.O. Box Number Is Not Acceptable) 115A S 42ND STREET MEXICO BEACH FL 32410 Suite, Apt. #, etc. 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 reinstitling) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM METCALF, EDWARD J P.O. BOX 13067 N/A MEXICO BEACH FL MGRM METCALF, JAY A P.O. BOX 13112 N/A MEXICO BEACH 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 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: