File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY & FILED Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 HAR 10 PM 3: 39 FILING FEE | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 188.75 Name and Mailing Address **DOCUMENT #** L96000001320 1a. Principal Place of Business Address DLR BAYSHORE BUILDING LLC DLR BAYSHORE BLDG, LLC 601 W. SWANN AVE. 400 ESSEX COURT-REGENCY PARK TAMPA FL 33606 OMAHA NE 68114-3778 2a. Mallino Address 3. Date Organized or Qualified 3a. State of Formation 2. Principal Place of Business 12/18/1996 4. FEI Number Suite, Apt. #, etc. Sulte, Apt. #, etc. Applied For City & State City & State Not Applicable 59-3418500 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country St 75 Additional Fee Regured 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent MERADITH, STANLEY M Street Address (P.O. Box Number is Not Acceptable) 601 W SWANN AVE TAMPA FL 33606 Sulte, 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) (NOTE: Registered Agent signature required when reinstalling) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR HALLOCK, DALE D 400 ESSEX CT REGENCY PARK OMAHA NE 400002464084---5 -03/20/98--01116--006 ****188.75 ****188.75 11. I do nereby 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 it made under oath; that if am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report of required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

LE D HALLOCK Market 9 402 393 4100