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

APPROVED LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 1797 FEB 14 7/16:16 1997 DIVISION OF CORPORATIONS -SECHETARY OF STATE TAGLAMASSEE FLORIDA **FILING FEE** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT** #196000001335 1a. Principal Place of Business Address CAMILLA ROSE GROUP, L.C. 1715 PROSPECT STREET 1715 PROSPECT STREET SARASOTA FL 34239 SARASOTA FL 34239 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 2. Principal Place of Business 3. Date Organized or Qualified 2a. Mailing Address 3a. State of Formation 12/24/1996 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Žip Country Country Zip s 75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent FRANCIS, JAMES C JR. 1715 PROSPECT STREET Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34239 Suite, Apt. #, etc. 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 MGRM FRANCIS, JAMES C JR. 1715 PROSPECT STREET SARASOTA FL MGRM MCARTHUR, JENEFER J 1715 PROSPECT STREET SARASOTA FL 400002090094--****203.75 ****203.75

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;

INHSE10 R(12-96)

JAMES C. FRANCIS tom SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER