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 11 PM 1: 10 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 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 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 12/24/1996 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3434614 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zφ Country Country \$8.75 Additional Fee Required 05/26/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office FRANCIS, JAMES C JR. 1715 PROSPECT STREET Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34239 Suite Apt #, etc 5,00002805975---03/15/99 ---01103---001 ****188ca6 ****188.75 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: (Begistred Agert Accepting Apple times). (1991) Register LAgert square in the first energy equi-10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code FRANCIS, JAMES C JR. MGRM 1715 PROSPECT STREET SARASOTA FL MGRM MCARTHUR, JENEFER J 1715 PROSPECT STREET SARASOTA FL 11 Ido 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

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