File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. DIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE FILED WE/ Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 9 HAY 27 AM 11: 57 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee NETAHADSI PETERIBA Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company **DOCUMENT # 197000000160** 1a. Principal Place of Business Address LELAND PROPERTIES, L.C. 1819 MAIN STREET 1819 MAIN STREET SUITE 610 SUITE 610 SARASOTA FL 34236 SARASOTA FL 34236 2 Principal Place of Business 3. Date Organized or Qualified 2a. Mailing Address 3a. State of Formation 02/06/1997 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 0749212 Applied For City & State City & State APPLIED FOR Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zφ Country Zip Country \$8.75 Additional Fee Required 05/04/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office NORTON, SAM D 1819 MAIN STREET Street Address (P.O. Box Number is Not Acceptable) SUITE 610 SARASOTA FL 34236 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. Thereby accept the appointment SIGNATURE (Rogistered Agent Ancepting Appendix ont) - (NOTE: Registered Agent signalute required when reinstating) 10. Title **Business Street Address** Managing Members/Managers City, State and Zip Code MGR SAUNDERS, CHERYL A. 2785 DONALD ROSS ROAD EAST SARASOTA FL TROY DEVELOPMENT, INC. 1819 Main Street, Suite 610 Sarasota, FL 34236 50|0002897205---06/07/99--01151 --003 \*\*\*\*188.75 \*\*\*\*188.75 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 Black 10, or on an attachment with an address TROY DEVELOPMENT. SIGNATURE:

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President

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