File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY 🍂 Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS \$2000 In MAN: 03 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company

DOCUMENT # L9700000499 1a. Principal Place of Business Address LAUREL ANTIQUES, L.C. P.O. BOX 49 204 SW 4TH BLVD WALDO FL 32694 WALDO FL 32694 2 Principal Place of Business 3. Date Organized or Qualified | 3a. State of Formation 2a. Mailing Address 05/07/1997 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3447132 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Ziρ Country Country \$8.75 Additional Fee Required 05/04/1998 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent/Office GOODALL, JOY K 3515 NW 13TH AVE Street Address (P.O. Box Number is Not Acceptable) GAINESVILLE FL 32605 Suite, Apt. #, etc. 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 vole of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (Registered Agent) Annesting Appending of TitleOft. Registered Agent signation registed who is 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM GOODALL, JOY K 3515 NW 13TH AVE GAINESVILLE FL MGRM GOODALL, HEATHER A 3515 NW 13TH AVE GAINESVILLE FL 600002803236--\$ -03/11/99--0119--006 ****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 Block 10, or on an attachment with an address SIGNATURE