File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 98 APR 29 AMII: 33 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Liability Company DOCUMENT # L97000000517 1a. Principal Place of Business Address NICHOLS MANAGEMENT GROUP, L.C. 7340 REGINA ROYALE 7340 REGINA ROYALE SARASOTA FL 34238 SARASOTA FL 34238 3. Date Organized or Qualified 3a. State of Formation 2. Principal Place of Business 05/14/1997 4. FEI Number Suite, Apt. #, etc. Applied For City & State Not Applicable 6. Certificate of Status Desired Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office KLEÎN, WILLIAM R ESQ. dress (P/O. Box Number is Not Acceptable) 1900 MAIN ST SULTE 210 SARASOTA FL 34236 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 epting Appointment) (NOTE: Registered Agent signature required whon reinstating) City, State and Zip Code **Business Street Address** Managing Members/Managers 10. Title 7340 REGINA ROYALE SARASOTA FL MEM NICHLS, GERALD W SARASOTA FL MEM MARSHALL, JILL L 7340 REGINA ROYALE 300002512003---05/05/98--01136--007 ****188.75 ****188.75

11. 1do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Ifurther 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:

IGNATURE AND TYPLD OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date Daytime Phone #