2nd and File on or before Sept. 30, 1998 or Limited Liability Company will be FINAL NOTICE: dissolved. If dissolved, minimum amount due to reinstate: \$688.75 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** 98 AUG -3 PM 3: 03 FILING FEE | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee \$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE DOCUMENT # L9700000524 1. Name and Mailing Address of Limited Liability Company 1a. Principal Place of Business Address TAYLOR BUILT HOMES, L.C. 926 S.W. 29TH TERRACE 926 S.W. 29TH TERRACE PALM CITY FL 34990 PALM CITY FL 34990 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 05/15/1997 FL Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 65-0748797 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country S8 75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name ROE, BRYAN L 926 S.W 29TH TERRACE Street Address (P.O. Box Number is Not Acceptable) PALM CITY FL 34990 Sulte, Apt. #, etc. 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 __ the general Agent Accepting Appointment). (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code BREEN, BETTY % 926 S.W. 29TH TERRACE PALM CITY FL MEM ROE, BRYAN MEM 926 SW 29th TERRACE PALM CITY FL 9d0002611019--8 -08/07/98--01089--022 ****588.75 ****588.75

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. If urther 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 hability company or the receiver or trustee expowered 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:

7/28/98

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