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 COMPONATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY & Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR 15 AM 10: 46 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT #** 19700000617 Name and Mailing Address of Limited Liability Company 1a. Principal Place of Business Address HAWK 79248, L.C. -600 COURTLAND STREET 600 COURTLAND STREET SHITE 550" SUITE 550 CRLANDO FL 32804 ORLANDO_FL_32804-2 Principal Place of Business a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 06/05/1997 FLSuite, Apt #, etc. 4. FE! Number City & State 5AM C Applied For 59-3451455 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired 08/06/1998 \$8.75 Additional Fee Required Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name ROGNER, WILLIAM H 201 S ORANGE AVENUE Street Address (P.O. Box Number is Not Acceptable) SUITE 640 ORLANDO FL 32801 500002841:025---04/22/99 --01097 --020 ****188.75 | ****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. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE ..._ (fleg steed Agent All oping Appropriate). (It'll): Repose L'Agent squator replectivite in ca 10. Title **Business Street Address** City, State and Zip Code Managing Members/Managers 3308 MIDDLESEX ROAD MGRM ROGNER, EDWARD P ORLANDO FL MGRM KEMP, JERRY W 1612 N ORANGE AVE ORLANDO FL HUNTER, CLAUDE G JR MGRM P.O. BOX 531166 ORLANDO FL MGRM HOOD, CHARLES 2120 N ORANGE BLOSSOM TRAI ORLANDO FL 11 🖔 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 mat my signature shall have the same legal effect as if made under eath, that I am a managing member or manager of the limited hability 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 SIGNATURE:

INHSE10 R (12-98)