


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR 18 AM 10:37 KB													
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE															
1 Name and Mailing Address of Limited Liability Company <div style="display: flex; justify-content: space-between;"> <div> DOCUMENT # L97000000628 E-COTT CONSTRUCTION SERVICES, L.C. 400 CLEMATIS ST., STE. 205 WEST PALM BEACH FL 33401 <i>99-AR CM</i> </div> <div> 1a. Principal Place of Business Address 400 CLEMATIS ST., STE. 205 WEST PALM BEACH FL 33401 </div> </div>																	
2 Principal Place of Business 222 Clematis Street Suite, Apt. #, etc. 207 City & State West Palm Beach, FL Zip 33401		2a. Mailing Address 222 Clematis Street Suite, Apt. #, etc. 207 City & State West Palm Beach, FL Zip 33401		3. Date Organized or Qualified 06/09/1997 3a. State of Formation FL 4. FEI Number 65-0760450 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable													
5. Date of Last Report 03/09/1998				6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required													
7. Name and Address of Current Registered Agent CORPORATION SERVICE, COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <div style="text-align: right;">FL</div> 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. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE _____ DATE _____ <small>(The principal Agent Accepting Appointment) (R/O) Registered Agent/Significant Officer/Wholly Owned Corp.</small>																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> </thead> <tbody> <tr> <td>MGR</td> <td>EACOTT, JAMES H</td> <td>30 TOBEY RD.</td> <td>BLOOMFIELD CT</td> </tr> <tr> <td>MGR</td> <td>COTTER, TONY</td> <td>400 CLEMATIS ST., STE. 205 222 Clematis St, Ste 207 </td> <td>WEST PALM BEACH FL 33401 </td> </tr> </tbody> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGR	EACOTT, JAMES H	30 TOBEY RD.	BLOOMFIELD CT	MGR	COTTER, TONY	400 CLEMATIS ST., STE. 205 222 Clematis St, Ste 207	WEST PALM BEACH FL 33401
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<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="font-size: 2em; font-weight: bold; border: 1px solid black; padding: 5px;">PAID</div> <div style="text-align: right;"> 200002819272--0 -03/26/99--01010--026 ****188.75 ****188.75 </div> </div>																	
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: <i>[Signature]</i> ANTHONY COTTER (561) 804-9665																	