

2<sup>nd</sup> and  
**FINAL NOTICE:** File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 AUG 12 PM 1:27

<b>FILING FEE</b> \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L97000000637</b>  <b>THE WOKERY THREE, LLC</b> <b>500 ACL ROAD</b> <b>LAKE CITY FL 32055</b>
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1a. Principal Place of Business Address  <b>500 ACL ROAD</b> <b>LAKE CITY FL 32055</b>
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2. Principal Place of Business <b>Gleason Mall, Hwy 90W</b> Suite, Apt. #, etc. <b>C 3</b> City & State <b>Lake City FL</b> Zip <b>32025</b> Country <b>USA</b>	2a. Mailing Address <b>500 ACL Rd</b> Suite, Apt. #, etc. City & State <b>Lake City FL</b> Zip <b>32025</b> Country <b>USA</b>
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3. Date Organized or Qualified <b>06/09/1997</b>	3a. State of Formation <b>FL</b>
4. FEI Number <b>59-3480168</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  <b>COLEMAN, C R</b> <b>9250 BAYMEADOWS ROAD STE 230</b> <b>JACKSONVILLE FL 32256</b>
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8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code
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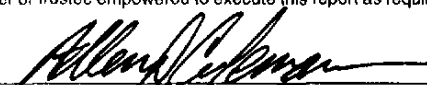
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-08/13/98--01073--001  
\*\*\*\*588.75 \*\*\*\*588.75  
**FL**

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 \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	COLEMAN, ALLEN D	500 ACL ROAD	LAKE CITY FL 32025
MEM	COLEMAN, CHING P	500 ACL ROAD	LAKE CITY FL 32025

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:  8/4/98 904-755-5105  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #