File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. DIVISION OF CORPORATIONS LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** 98 APR -6 PM 3:21 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company DOCUMENT # L97000000708 Principal Place of Business Address COUNTRY TIME DAY STAY, L.C. 837 EAST PARKER STREET 837 EAST PARKER STREET LAKELAND FL 33801 LAKELAND FL 33801 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 6. Certificate of Status Desired Country Zip Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office SOMMARS, MARTHA J 837 EAST PARKER STREET East Parker Street LAKELAND FL 33801 Lakeland Zip Code 33801 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 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code 33801 MGR SOMMARS, MARTHA-837 EAST PARKER STREET LAKELAND FL Marschall, Stephan C 937 Bast Parker Street 33861 AKELANO PL MGRM Booth, Michelle J. 900002485599---2 -04/10/98--01117--003 ****188,75 ****188,75

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 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:

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TEPHAN (! MARSCHALL

941-687-3730