File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT 1998 Secretary of State DIVISION OF CORPORATIONS 98 MAR -9 PM 1: 40 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company DOCUMENT # L97000000736 PENCOR OF MANATEE, L.C. 4110 MANATEE AVE. W. 4110 MANATEE AVE. W. BRADENTON FL 34209 BRADENTON FL 34209 2. Principal Place of Business 2a. Malling Address 3. Date Organized or Qualified | 3a. State of Formation 07/03/1997 4. FEI Number Suite, Apt. #, etc. Sulte, Apt. #, etc. Applied For City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Zip Country \$8.75 Additional Lee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name KALLINS, MARC S Street Address (P.O. Box Number is Not Acceptable) 4110 MANATEE AVE. W. BRADENTON FL 34209 Suite, Apt. #, etc. 400002453804---03/11/98--01048--016 \*\*\*\*189.99 \*\*\*\*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. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE\_ (Registered Agent Accepting Appointment) (NOTE, Registered Agent signature required when reinstating) City, State and Zip Code 10. Title Managing Members/Managers **Business Street Address** MGR KALLINS, MARC S 4110 MANATEE AVE. W. BRADENTON FL **MGR** JUNGREIS, ALEXANDER C 4110 MANATEE AVE. W. BRADENTON FL MGR NORRIS, STEVEN 4110 MANATEE AVE. W. BRADENTON FL MGR BOYER, KEVIN 4110 MANATEE AVE. W. BRADENTON FL

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 ilmited liability company or the receiver of 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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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daylime Phono #