2nd and File on or before Sept. 30, 1998 or Limited Liability Company will be FINAL NOTICE: dissolved. If dissolved, minimum amount due to reinstate: \$688.75 2nd and LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE

SECRETARY OF STATE

ANNUAL REPORT 1998					Secretary of State DIVISION OF CORPORATIONS			OO HILL			
	FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee \$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE								a JUL 30	PH 3: 51	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # 19700000780											
MP OWNERS GROUP, LLC. 19353 US HWY 19 N SUITE 100 CLEARWATER FL 33764									1a. Principal Place of Business Address 19353 US HWY 19 N SUITE 100 CLEARWATER FL 33764		
2. Principal Place of Business 2a. Maili					ing Address			3. Date Organized or Qualified 3a. State of Formation			
Suite, Apt. #, etc. Suite, A					pt. #, etc.			07/15/1997 FI. 4. FEI Number			
City & State				City & State				59 - 3466377 Not Applicable			
Zip		Country		Zip		Count	5. Date of Las		Report	6. Certificate of Status Desired \$8.75 Additional Fee Required	
7. Name and Address of Current Registered					Agent		8. N	lame and Addres	s of New Regis	tered Agent/Office	
9. Pursus its registe as registe	red office or regis ered age nt, and a	FL ons of stered a	.9 N 33764 Sections 608.416 and 6 agent, or both, in the Stal	08.508, e of Flor	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Lip Cod Zip Cod Zip Cod FL Apr. #, etc. Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing a such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment of the purpose of change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment of the purpose of the appointment of the					ment for the purpose of changing s. I hereby accept the appointment	
· · · · · · · · · · · · · · · · · · ·				linent) (fs	VOTE: Registered Agent signature required when reinstating)			DATE			
10. Title	e Managing Members/Managers			,	Business Street Address				City, State and Zlp Code		
MGR MGR			RELOCATION Gordon	I SE			HWY 19 N Center Dr.			ATER FL Beach, CA 92660	
MGR	Douglas				46 Los C					int, CA 92629	
, ,	÷							80	-08/07	6110082 79801089015 88.75 ****588.75	

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. I further certify that the information 11. Idohereby certify that the information supplies mirror 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 indicated on this annual report is true and statistically 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 indicated on this annual report is true and statistically company or the receiver or trustee en powered 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.

Mobility Rescandin Services Inc., a managing member or manager of the indicated on this annual report is true and statistically signature.

7-27-98