
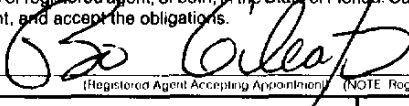
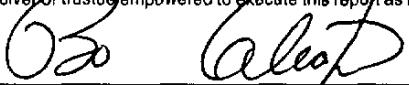


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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|---|---------------------------|---|--|--|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1998 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAR 11 AM 10:54 | |
| 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 | | DOCUMENT # L97000000897 | | | |
| WIL COURTNEY L.L.C. 509 WINDERMERE DRIVE LAKELAND FL 33809 | | 1a. Principal Place of Business Address 509 WINDERMERE DRIVE LAKELAND FL 33809 | | | |
| 2. Principal Place of Business 4265 Hwy 98 North Suite, Apt. #, etc. SUITE 582 City & State LAKELAND FLORIDA Zip 33809 Country USA | | 2a. Mailing Address 4265 Hwy 98 North Suite, Apt. #, etc. SUITE 582 City & State LAKELAND FLORIDA Zip 33809 Country USA | | 3. Date Organized or Qualified 08/14/1997 3a. State of Formation FL 4. FET Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/> | |
| 7. Name and Address of Current Registered Agent GLEATON, BO 509 WINDERMERE DRIVE LAKELAND FL 33809 | | 8. Name and Address of New Registered Agent/Office Name GLEATON, BO Street Address (P.O. Box Number is Not Acceptable) 4265 Hwy 98 N. Suite, Apt. #, etc. Suite 582 City LAKELAND Zip Code FL 33809 | | | |
| 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 3-1-98 (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) | | | | | |
| 10. Title | Managing Members/Managers | Business Street Address | | City, State and Zip Code | |
| MGRM | GLEATON, BO | 509 WINDERMERE DRIVE | | LAKELAND FL 800002455958--7 -03/12/98--01113--003 ****188.75 ****188.75 | |
| 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), 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:  DATE 3-1-98 (941) 853-1166 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone # | | | | | |