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 FILED Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAY 11 PM 12: 55 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SECRETARY OF STATE TALLAHASSEE, FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company DOCUMENT # L 97 000001140 Principal Place of Business Address COASTAL COMMUNICATIONS GROUP COASTAL COMMUNICATIONS GROUP 15037 TAMARIND CAY CT. SUITE 1508 15037 TAMARIND CAY CT. SUITE 1508 FT. MYERS, FL 33908 FT. MYERS, FL 33908 (921) 201-022 (987):491-3983 2a. Mailing Address
15894 Gleneagle Ct. 10-3-97
Suite, Apt. #, etc. 2. Principal Place of Business 3. Date Organized or Qualified 3a. State of Formation Florida Suite, Apt. #, etc. Applied For 65-082 5880 City & State Fort Myers, FL 5. Date of Last Report 6. Certificate of Status Desired Country Zip \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Richard C Williamson II 15894 bleneagle Ct 15894 Gleneagle Ct Fort Myers, FL 33908 Name correction and new Address (Nvers 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 ____ (NOTE Registered Agent signature required when reinstating) City, State and Zip Code **Business Street Address** 10. Title Richard C Williamson 15894 Gleneasle Cf Ft. Myers, Fl 33408 MOWE Richard C Williamson 15037 Tamarind Carct MCMA 5+My=15, FL 33908 # 1508 -05/13/98--01112--022 🜓 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

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SIGNATURE AND TYPE FOR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Daytinie P