File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY FILED Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 10 APR 25 PH 5: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee STARITMAY (E. Sharb Make Check Payable To: FLORIDA DEPARTMENT OF STATE
ng Address
ty Company

DOCUMENT # 19700001208 Name and Mailing Address
 of Limited Liability Company PMMJD ASSOCIATES LLC 1a. Principal Place of Business Address 7240 GRISSOM PARKWAY 7240 GRISSOM PARKWAY COCOA FL 32927 COCOA FL 32927 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation Two-f-Suite; Apt. #, etc. 7240 arcson they 10/30/1997 FL4. FEI Number Applied For 59-3493386 City & State 72 40 GRESTON Not Applicable 5. Date of Last Report 6. Certificate of Status Desired 05/01/1998 \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name WOLFE, LARRY 200-A JOHN KNOX ROAD Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32303 Suite, Apt #, etc. Zip Code 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 egistered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE \_ DATE 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR DONAT, PIERRE 7240 GRISSOM PARKWAY COCOA FL --97782959776----05/03/93--01011--019 \*\*\*\*188.75 \*\*\*\*188.79 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 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.

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SIGNATURE:

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