File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 HAY 13 AHH: 10 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 188.75 Make Checon Name and Mailing Address of Limited Liability Company SECHALIASSEE, PLORIDA DOCUMENT # 197000001245 PC PROPERTIES, L.C. 1a. Principal Place of Business Address 17001 FRESHWIND CIR. 1550 FLORESTA DR. JUPITER FL 33477 PORT ST. LUCIE FL 34983 2a. Mailing Address 267 River Dr Suite, Apt. #, etc. 3. Date Organized or Qualified | 3a. State of Formation 2 Principal Place of Business 11/07/1997 FLSuite, Apt. #, etc. 4. FEI Number Applied For 65-0801177 City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired 04/20/1998 \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent Name and Address of New Registered Agent/Office NAVARETTA, STEPHEN ATTY. 1100 S.W. ST. LUCIE WEST BLVD., SUIT PORT ST. LUCIE FL 34986 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, as both, in the State of Florida. Such change was jurthorized by aftermative 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 MGRM BURFORD, PETER 17001 FRESHWIND CIRCLE JUPITER FI-MGRM BURFORD, CAROL 17001 FRESHWIND CIRCLE JUPITER PL Teguesta 267 River DV 900002882449~ -05/21/99--01072--019 \*\*\*\*188.75 \*\*\*\*188.75 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. If uther 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 amanaging member or manager of the limited liability company or the receiver or trustee employeered to execute this report is required by Chapter 608; Florida Statutes, and that five name appears in Block 10, or on an attachment with an address SIGNATURE:

Cloristoka, ANJ (Taky Looi) (EA) Franklik, Oktobary, ANJ paragramenta oktobary, A

Bright Library #