File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY ANNUAL REPORT 1998 FILING FEE | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company **DOCUMENT #** 19700001288 1a. Principal Place of Business Address APAQUELYPSE DEVELOPMENT GROUP, L.C. P.O. BOX 6864 4465 COOL EMERALD DRIVE TALLAHASSEE FL 32314 TALLAHASSEE FL 32303 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 11/18/1997 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country SB 75 Additional Fee Hequired 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office BROWN, THOMAS J ESQ. C/O BROWN AND BROWN ATTORNEYS AT LAW Street Address (P.O. Box Number is Not Acceptable) 1102 EAST TENNESSEE STREET TALLAHASSEE FL 32308 Suite, Apt. #, etc. City Zip Code . 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 (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR FRAZIER, CHARLES E JR. 4465 COOL EMERALD DRIVE TALLAHASSEE FL MGR JOYNER, OSCAR 2001 OLD ST. AUGUSTINE ROA TALLAHASSEE FL 600002522606---05/14/98--01004--005 ****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. 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.