


2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

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| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | FILED 99 SEP 21 AM 8:17 SECRETARY OF STATE TALLAHASSEE FLORIDA LM 9/29 | |
| FILING FEE \$ 588.75 | | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | |
| 1 Name and Mailing Address of Limited Liability Company | | DOCUMENT # L97000001288 | | 1a. Principal Place of Business Address | |
| APAQUELYPSE DEVELOPMENT GROUP, L.C. P.O. BOX 6864 TALLAHASSEE FL 32314 | | | | 4465 COOL EMERALD DRIVE TALLAHASSEE FL 32303 | |
| 2 Principal Place of Business | | 2a. Mailing Address | | 3. Date Organized or Qualified | |
| Suite, Apt. #, etc. | | 4465 Cool Emerald Dr | | 11/18/1997 | |
| City & State | | Tallahassee FL | | 3a. State of Formation FL | |
| Zip | | Country | | 4. FEI Number 59-3480912 APPLIED FOR | |
| 32303 | | | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 7. Name and Address of Current Registered Agent | | 8. Name and Address of New Registered Agent/Office | | 5. Date of Last Report 05/01/1998 | |
| BROWN, THOMAS J ESQ. C/O BROWN AND BROWN ATTORNEYS AT LAW 1102 EAST TENNESSEE STREET TALLAHASSEE FL 32308 | | Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL | | 6. Certificate of Status Desired <input type="checkbox"/> As a Additional Fee Reported | |
| 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 _____ | |
| (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) | | | | | |
| 10. Title | | Managing Members/Managers | | Business Street Address | |
| MGR | | FRAZIER, CHARLES E JR. | | 4465 COOL EMERALD DRIVE | |
| MGR | | JOYNER, OSCAR | | 2001 OLD ST. AUGUSTINE ROAD | |
| | | | | TALLAHASSEE FL | |
| | | | | TALLAHASSEE FL | |
| | | | | 100002999191-5 -03/28/99--01050--005 ***588.75 ***588.75 | |
| 11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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. | | SIGNATURE: Charles E Frazier | | Date: 9/1/99 (850) 536-0314 | |
| | | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER | | Daytime Phone # | |