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 ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 JUN - 4 111 9:21 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE SIME DOCUMENT # 197000001426 Name and Mailing Address of Limited Liability Company SLOW TALLANDER TO LORIDA STOVALL NARINE OF FLORIDA, L.C. 1a. Principal Place of Business Address 4852 NORTH OCEAN STREET 4852 NORTH OCEAN STREET ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233 2 Principal Place of Business 3. Date Organized or Qualified 2a. Mailing Address 3a. State of Formation 12/19/1997 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 59-3483059 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Ζip Country Country 05/01/1998 SB 75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office SANDS, J. KEITH M 1551 ATLANTIC BLVD., SUITE 200 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL Suite, Apt. #, etc. 500002902905---**0** -06/14/33--01008--005 **** 1880° 05 ****188.75 . 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 ner straing) 10. Title Managing Members/Managers Business Street Address City, State and Zip Code MGR STOVALL, ROBERT S 5840 I-75 SOUTH FOREST PARK GA MGR JORDAN, JOHN 5640 I-75 SOUTH FOREST PARK GA MGR RAILEY, ARLENE 4852 NORTH OCEAN STREET ATLANTIC BEACH FL MGR SANDS, J. KEITH M 1551 ATLANTIC BLVD., SUITE JACKSONVILLE FL AL JUN - 7 19991

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attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OF FRIEND NAME OF SECURIOR MARKAGING MEMBER OF MADAGER

11 Ido hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i). Florida Statutes. If urther 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 Black 10, or on an