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 **Katherine Harris** ANNUAL REPORT FHED Secretary of State 1999 **DIVISION OF CORPORATIONS** ch /20 21 PH 5: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT #** 19800000044 Name and Mailing Address of Limited Liability Company HICKORY INVESTMENTS, L.C. 1a. Principal Place of Business Address 1900 SOUTH FICKORY STREET 1900 SOUTH HICKORY STREET MELBOURNE FL 32901 MELBOURNE FL 32901 3. Date Organized or Qualified 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 01/13/1998 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEt Number Applied For City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zφ Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office FALLACE, JAMES I 1900 SOUTH HICKORY STREET Street Address (P.O. Box Number Is Not Acceptable) MELBOURNE FL 32901 Suite, Apt. #, etc 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 it 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. Thereby accept the appointment algregistered agent, and accept the obligations. SIGNATURE _. (Augustera Agrar Asserting Appenhant) (DOTE Begastera Apratisymteria (produksia na ching) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR 1900 SOUTH HICKORY STREET FALLACE, JIMES H MELBOURNE FL 140002859091--\$ -04/30/93--01125--010 ****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 eath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to exclude this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address. attachment with an address SIGNATURE:

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