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 FILED Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR 14 PH 1: 18 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARIT OF STATE TALLAHASSEE, FLORIDA **DOCUMENT #** 198000000050 . Name and Mailing Address of Limited Liability Company J.I.F.F., LLC P.O. BOX 510549 1a. Principal Place of Business Address 8185 S, HIGHWAY Ala MELBOURNE BEACH FL 32951 MELBOURNE BEACH FL 32951 3. Date Organized or Qualified 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 01/09/1998 \mathbf{FL} Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office WARDWELL, HENRY TTT 8185 S. HIGHWAY A1A Street Address (P.O. Box Number Is Not Acceptable) MELBOURNE BEACH FL 32951 Suite, Apl #, etc Zip Code 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 vole of a majority of the members. I hereby accept the appointment registered agent, and accept the obligations DATE (Registered Agest Accepting Applicationed). (NOTE Registered Agest signature resources when rend more 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR WARDWELL, HENRY III 8185 SOUTH HIGHWAY A1A MELBOURNE BEACH FL MGR WARDWELL, DIANA 8185 SOUTH HIGHWAY A1A MELBOURNE BEACH FL mmm2848555 -04/23/99--01006--020 ****188.75 ****188**.7**5 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 firmited 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. 407