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 Socretary of State DIVISION OF CORPORATIONS 1999 99 FFB 22 AM 8: 59 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 | Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company | DOCUMENT # L98000000209 SECRETARY OF STATE TALLAHASSEE, FLORIDA 4301 NORTH HABANA, L.C. 4301 NORTH HABANA AVENUE 1a. Principal Place of Business Address 4301 NORTH HABANA AVENUE TAMPA FL 33607 TAMPA FL 33607 3. Date Organized or Qualified | 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 02/17/1998 FI. Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 59-3499133 City & State Not Applicable 6. Certificate of Status Desired Zio Country Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office INGRAM, MICHAEL M 421 PALM AVENUE Street Address (P.O. Box Number is Not Acceptable) BOCA GRANDE FL 33921 Suite, Apt. #, 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 aftermative vote of a majority of the mombers. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE \_\_\_\_ DATE (Registered Agent Accepting Appendiction) (ACI). Bug stated Agent signature respectively revisitating 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM BLANCO, RAFAEL W DR. 4301 NORTH HABANA AVENUE TAMPA FL MGRM GEORGE, CHRISTOHER B D 4301 NORTH HABANA AVENUE TAMPA FL LAUTERSZTAIN, JULIO D 4301 NORTH HABANA AVENUE MGRM TAMPA FL 0002789261 - 0 -02/26/93 -01100 -016 \*\*\*\*188.75 \*\*\*\*188.75 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 anothal 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 employeered 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:

TEOR GRADIEL (MAZIAC) DIS MEMBEL DROMAZIACIO R

INHSE10 R (12-98)