File or or before May 1, 1999 or Limited Liability Company will be sr sjet to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT FUED Secretary of State 1999 **DIVISION OF CORPORATIONS** 991147 20 411 9: 22 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT #** 198000000263 KUBINSKI KNOLL LLC 1a. Principal Place of Business Address 4321 HOLLAND DRIVE 4321 HOLLAND DRIVE ST. PETERSBURG BEACH FL 33706 ST. PETERSBURG BEACH FL 3370 3. Date Organized or Qualified 2 Principal Place of Business 2a. Mailing Address 3a. State of Formation 02/27/1998 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office KUBINSKI, THADEUS 4321 HOLLAND DRIVE Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG BEACH FL 33706 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 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) - (NOT) - Registered Agent signature required when reinstitling Managing Members/Managers **Business Street Address** 10. Title City, State and Zip Code MGRM KUBINSKI, THADEUS 4321 HOLLAND DRIVE ST. PETERSBURG BEACH MGKM KUBINSKI, ANNA 4321 HOLLAND DRIVE ST. PETERSBURG BEACH \*\*\*\*188.75 \*\*\*\*188.7\$ APR 27 1999 AL 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. Hurther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as it 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 B ook 10, or on an attachment with an address. SIGNATURE: Musila

G MANAGRIG MEMBER OF MANAGER

INHSE10 R (12-98)

SIGNATURE AND TYPED OR PHINTED NAME &