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 11A 05 YATE 09 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 / Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECULIA LORIDA

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1a. Principal Place of Business Address **DOCUMENT #** 198000000266 KUBINSKI PEAK LLC 4321 HOLLAND DRIVE 4321 HOLLAND DRIVE ST. PETERSBURG BEACH FL 33706 ST. PETERSBURG BEACH FL 3370 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 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 6. Certificate of Status Desired Zιρ Country Ζıρ Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name KUBINSKI, THADEUS 4321 HOLLAND DRIVE Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG BEACH FL 33706 Suite, Apt. #, etc. City Zin 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): [fxOT]: Folgistered Agent signature required which reinstating) 10. Title **Business Street Address** Managing Members/Managers City, State and Zip Code MGRM KUBINSKI, THADEUS 4321 HOLLAND DRIVE ST. PETERSBURG BEACH MGRM KUBINSKI, ANNA 4321 HOLLAND DRIVE ST. PETERSBURG BEACH APR 2.7 1999 AL 1 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 limited liability company or the receiver or trustee ampowered 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: waters Munisk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

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