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 FILED Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 FEB 24 AN 9:55 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT # 198000000335** Name and Mailing Address of Limited Liability Company ROLLING RECREATIONS, L.C. 1a. Principal Place of Business Address 2222 EDGEWOOD DRIVE SOUTH 2222 EDGEWOOD DRIVE SOUTH LAKELAND FL 32803 LAKELAND FL 32803 3. Date Organized or Qualified 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 6819 BROKEN ARROW TRAIL 03/17/1998 FLSuite, Apt. #, etc. Suite, Apt. #. etc. 4. FEI Number Applied For 59-3498271 City & State City & State Not Applicable ドド LAKELBUD 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country 33813 POLK \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent/Office STRICKLAND, JOHN THOMAS 343 DAYTONA AVENUE Street Address (P.O. Box Number is Not Acceptable) HOLLY HILL FL 32117 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 affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations. gomos Managing Members/Managers **Business Street Address** City, State and Zip Code 10. Title MBR STRICKLAND, JOHN THOMA 343 DAYTONA AVENUE HOLLY HILL FL MBR STRICKLAND, DEBBIE JO 343 DATTONA AVENUE. HOLLY HILL STRICKLAND JOHN THOMA 6819 BROKEN ARROW TRAIL LAKELIND FL STRICKLAND, DEBBIE DO ****188.75 ****188.75 dec 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 limited liability company of 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.

INHSE10 R (12-98)