


2<sup>nd</sup> and **File on or before Sept. 29, 1999 or Limited Liability Company**  
**FINAL NOTICE: will be dissolved.**

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> JUL 14 PM 2:04 STATE OF FLORIDA	
<b>FILING FEE</b> <b>\$ 588.75</b>		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company <b>MAGNUM ASSOCIATES OF FLORIDA, L.L.C.</b> <b>7808 UNDERBRUSH LANE</b> <b>ORLANDO FL 32819</b>		DOCUMENT # <b>L98000000523</b>		1a. Principal Place of Business Address <b>7808 UNDERBRUSH LANE</b> <b>ORLANDO FL 32819</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified <b>04/24/1998</b> 3a. State of Formation <b>FL</b> 4. FEI Number <b>59-3513467</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent <b>MARX, DALE</b> <b>7808 UNDERBRUSH LANE</b> <b>ORLANDO FL 32819</b>		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <b>900002939039</b> <b>-07/22/99--01086--009</b> <b>****188.75 ****188.75</b> <b>FL</b>			
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	MARX, DALE	7808 UNDERBRUSH LANE		ORLANDO FL	
MGRM	NEWKIRK, JEFF	4252 HUNTING TRAIL		LAKE WORTH FL	
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 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 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.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>					

②

## **MAGNUM ASSOCIATES OF FLORIDA, LLC**


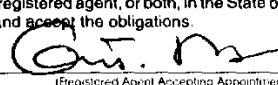
7808 Underbrush Lane Orlando, FL 32819 Office 407-298-8348 Fax 407-298-8358

**To:** Whom It May Concern  
**From:** Dale Marx  
**Date:** 7/12/99  
**Subject:** Late Fees

The enclosed check does not have a late fee figured in because the first notice was never received at this office.

Thank you.

2<sup>nd</sup> and File on or before Sept. 29, 1999 or Limited Liability Company  
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED JUL 14 AM 11:58 7/12	
FILING FEE \$ 588.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L98000000591		1a. Principal Place of Business Address	
LAKELAND HOLDINGS, L.C. 4376 PRESIDENTIAL AVENUE CIRCLE EAST BRADENTON FL 34203				4376 PRESIDENTIAL AVENUE CIR BRADENTON FL 34203	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
4343 S. Florida Ave		4376 Presidential Ave. Cir. E.		05/07/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation	
City & State		City & State		FL	
Lakeland, FL		BRADENTON, FL		4. FEI Number	
Zip		Zip		65-0834151	
33813		34203		5. Date of Last Report	
Country		Country		6. Certificate of Status Desired	
U.S.A.		U.S.A.		58.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
RAJAN, GOVIN T 4376 PRESIDENTIAL AVENUE CIRCLE EAST BRADENTON FL 34203				Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
				600002939016--2 -07/22/93--01086--005 ****188.75 ****188.75 FL 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 7/12/99					
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title		Managing Members/Managers		Business Street Address	
MEM		WALIA, H		639 CORNWELL ON THE GULF	
MEM		RAJAN, GOVIN T		4376 PRESIDENTIAL AVENUE C	
				VENICE FL BRADENTON FL	

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 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 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.

SIGNATURE:  7/12/99 (941) 786-7926

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

Date

Signature Figure