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 Secretary of State 1999 DIVISION OF CORPORATIONS 99 FEB 22 AM 8: 58 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SLCKETARY OF SLADE Name and Mailing Address
It Limited Liability Company DOCUMENT # 198000000708 TALLAHASSEE, FLORIDA BRANMAR COMPANY, L.C. 1a. Principal Place of Business Address 939 S. JOY CIRCLE 939 S. JOY CIRCLE MARCO ISLAND FL 34145 MARCO ISLAND FL 34145 3. Date Organized or Qualified | 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 05/29/1998 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 59-3521265 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country Zip \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office WOODWARD, CRAIG R 606 BALD EAGLE DRIVE, SUITE 500 Street Address (P.O. Box Number is Not Acceptable) MARCO ISLAND FL 34145 Suite Apt # etc ****188.75 ****188.75 City Zio 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 SIGNATURE ___ DATE (Fix gistered Agent Accepting Apoynthing) - (NOTE Registered Agent separation registed who insecring) 10. Title **Business Street Address** City, State and Zip Code Managing Members/Managers BECKER, BRANT MGR 939 S. JOY CIRCLE MARCO ISLAND FL MGR BECKER, MARY ANN 939 S. JOY CIRCLE MARCO ISLAND FL St. 25-99 11. I do hereby certily that the information supplied with this filling 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 at 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

MAKE OF SECURIC MALACERA MEMBER COMMANDER

SIGNATURE