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 SPORT LINE STATE COLUMN TO BE STATE Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS SOUPER M 9:52 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT #** 198000000904 Name and Mailing Address of Limited Liability Company DALFON INVESTMENTS L.C. 1a. Principal Place of Business Address 719 VASSAR STREET 719 VASSAR STREET ORLANDO FL 32804 ORLANDO FL 32804 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 06/29/1998 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3529208 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office HUMPHRIES, J. GREGORY 20 NORTH ORLANDO AVE., SUITE 1000 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32801 了研究的现在分词是不是子 -03/11/99_-01080--**0**15 ****1 ZB cda 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited flability 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 (Rogistered Agent Accepting Appointment) (NOTE Bilgistered Agest signature required which recording 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM DALTON, ROY B JR. 719 VASSAR STREET ORLANDO FL MGRM DALFON, LINDA T 719 VASSAR STREET ORLANDO FL 11 I do hereby certify that the information supplied with this filipg 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 logal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee exprovinger 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

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