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 Secretary of State 1999 **DIVISION OF CORPORATIONS** FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # L98000000912** 1a. Principal Place of Business Address 54 LITTLE, LC 1030 WEST INTERNATIONAL SPEEDWAY BLVD. 1030 WEST INTERNATIONAL SPEE DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 06/30/1998 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3479581 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office TOWER, DEVIN 1030 WEST INTERNATIONAL SPEEDWAY BLV Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH FL 32114 Suite Ant # etc. 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 _ tHogeteain Agent All copting Appointment (INOT). Hely licroit Agent sign is our expressive to assist in a p Managing Members/Managers 10. Title **Business Street Address** City, State and Zip Code MGR TOWER, DEVIN 1030 WEST INTERNATIONAL SH DAYTONA BEACH FL ****188.75 ****188.7\$ 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. If urther 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

STRATURE AND THE LIGHTREUTLE NAME OF SHALLES MARKS ALLS MEMBERS OF MALLS AF

2/26/99

(904)238-3600

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SIGNATURE: