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 Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT # 198000000967** 1a. Principal Place of Business Address DUNLAWTON PROFESSIONAL CENTER, L.C. C/O CHARLES WAYNE PROPERTIES, INC. 1030 W. INTERNATIONAL SPEEDW 1030 W. INTERNATIONAL SPEEDWAY BLVD. 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 FL07/06/1998 Suite, Apt. #, etc. Suite, Apl. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 59-3521890 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 TOWER, DEVIN 1030 W. INTERNATIONAL SPEEDWAY BLVD. Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH FL 32114 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 (People and Appear Annal Appear Property (Belt) Benefit and Appear superintent production of the control of the Cont 10. Title Managing Members/Managers Business Street Address City. State and Zip Code MGRM TOWER, DEVIN 1030 W. INTERNATIONAL SPEE DAYTONA BEACH FL nnce 2804774----03/12/99--01103--004 \*\*\*\*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). Fiorida 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 Statules, and that my name appears in Block 10, or on an attachment with an address.

OFFICIAL CONTRACTOR MINISTER MEMORY CONTRACTOR

2/26/99 (904)238-3600

SIGNATURE: