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 99 MAR 31 PM 3: 45 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 # 198000000976** 1a. Principal Place of Business Address KRS TAX & FINANCIAL SERVICES, L.C. 8830 S. SEA OAKS WAY, UNIT 105 8830 S. SEA OAKS WAY, UNIT 1 VERO BEACH FL 32963 VERO BEACH FL 32963 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 07/07/1998 FL4. FEI Number Applied For 65-0848026 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zφ Country 200 Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name SYLVESTER, NANCY L Street Address (P.O. Box Number is Not Acceptable) 8830 S. SEAOAKS WAY, UNIT 105 VERO BEACH FL 32963 Suite, Apt. #, etc City 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 agept-SIGNATURE __ **Business Street Address** 10. Title Managing Members/Managers City, State and Zip Code MGR SYLVESTER, NANCY L 8830 S SEA OAKS WAY, UNIT VERO BEACH FL MGR SYLVESTER, WILLIAM E 8830 S SEA OAKS WAY, UNIT VERO BEACH FL ****189.75 ****189.75

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. 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

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SIGNATURE: MML