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 FILED Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAR 15 AM 10: 45 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF SEAL TALL AHASSEE, FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT # L98000000982** 1a. Principal Place of Business Address PROSEAL PAVEMENT MAINTENANCE GROUP, L.C. P.O. BOX 6081, 1916-63RD COURT P.O. BOX 6081, 1916-63RD COU VERO BEACH FL 32961 VERO BEACH FL 32961 2a. Mailing Address 3. Date Organized or Qualified 2 Principal Place of Business 3a. State of Formation 07/06/1998 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Žip Country Ζıρ \$8 75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office PRICE, GWYN 1916-63RD COURT Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32966 Suite, Apt. #, etc. City Zin 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 agent, and accept the obligations. SIGNATURE (Registered Agent Asserbing Applietinged). (NOVE Registers LAgent signal as included who constant of 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM BISHOP, DAVID 430-46TH COURT VERO BEACH FL MGRM ASKINS, PHILIP 2146-20TH STREET VERO BEACH FL MGRM PRICE, CHARLES 1916~63RD COURT VERO BEACH FL 300002814533----93/23/99~--01004=~004

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 path; 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

SIGNATURE AND EXPEDIGNEESING DIAMETER DAME OF SIGNATURE VIAGOUS AS MEDICAL REMAINS AND

INHSE10 R (12-98)

attachment with an address.

SIGNATURE: