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 FILED **Katherine Harris** ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAR 26 AM 9: 38 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECELLATE TATE
TAULADASETA, FLOREM Name and Mailing Address of Limited Liability Company **DOCUMENT #** L98000001054 1a. Principal Place of Business Address REGGAE CAFE, L.L.C. 15803 PADDOCK 15803 PADDOCK MONTVERDE FL 34756 MONTVERDE FL 34756 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 07/13/1998 FL Suite, Apt. #, etc. Suite, Apt. #, etc 4. FEI Number CIN # Applied For 59-3524284 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country  $Z_{\rm IP}$ Country Zφ S8.75 Additional Fee Required 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent/Office Name HALL, RICHARD D 15803 PADDOCK Street Address (P.O. Box Number is Not Acceptable) MONTVERDE FL 34756 Suite, Apt. #, etc. 40002831404- 5
-04/96/99--01091--010
\*\*\*\*189.75 \*\*\*\*188,75
City Zip Code 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. DATE (Registered Agent Accepting Appointment) - (fxO)'t - Hugestered Agent signature regioned when relief thing) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR HALL, RICHARD D 15803 PADDOCK MONTVERDE FL 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. Hurther 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

AND EXPLICION PRINTED TAME OF SUSTIMES MASSAGING MEMBERS OF MANAGES

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attachment with an address.
SIGNATURE: