

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
 99 MAR 16 PH 4: 34  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>FILING FEE</b>	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b>
<b>\$ 188.75</b>	<b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>

1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L98000001059</b>  PREMIER MODULAR BUILDINGS, L.C. C/O DAVID G. CHARBONNEAU 8498 CAMDEN COURT BROADVIEW HTS. OH 44147
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1a. Principal Place of Business Address  C/O DAVID G. CHARBONNEAU 8498 CAMDEN COURT BROADVIEW HTS. OH 44147
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2. Principal Place of Business Suite, Apt. #, etc. 387 TAFT-VINELAND RD	2a. Mailing Address Suite, Apt. #, etc. 387 TAFT-VINELAND RD	3. Date Organized or Qualified 07/14/1998	3a. State of Formation FL
City & State Orlando, FL	City & State Orlando, FL	4. FEI Number 59-3530011	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 32824	Country USA	Zip 32824	Country USA
5. Date of Last Report 1/14/98		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent  CORPORATE ACCESS, INC. 1116-D THOMASVILLE RD. TALLAHASSEE FL 32303	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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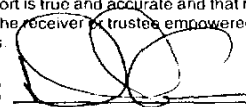
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ (Registered Agent Accepting Appointment) (NOT a Registered Agent signature required when no change)  
 DATE \_\_\_\_\_

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
	MGRM CHARBONNEAU, DAVID	8498 CAMDEN COURT 8831 Grey Hawk Pt	BROADVIEW HTS. OH Orlando, FL 32836

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11. I do 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 attachment with an address.

**SIGNATURE:**  **DAVID Charbonneau** 3-9-99 467-889-4626

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNER (MANAGING MEMBER OR MANAGER) Date: