File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE A GOTTO PARTY CONTRACTOR LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** 99 HAY -3 PM 1: 47 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 # L98000001068** 1a. Principal Place of Business Address LEDIS ROOFING COMPANY, LLC 1069 EDGEHILL ROAD 1069 EDGEHILL ROAD WEST PALM BEACH FL 33417 WEST PALM BEACH FL 33417 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 07/14/1998 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-085 Not Applicable 5. Date of Last Repo 6. Certificate of Status Desired Zip 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 GOLIS, PAUL R 1200 NORTH FEDERAL HIGHWAY BOCA RATON FL 33432 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. (Hegistered Agent Accepting Appointment) (NOTE: Registered Agent signature required when remisting) **Business Street Address** 10. Title Managing Members/Managers City, State and Zip Code MGRM LEDIS, STUART M 1069 EDGEHILL ROAD WEST PALM BEACH FL 334// ****188.75 ****188.75 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. 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 attachment with an address.

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