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 15 AN IO: 41 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SECALITARY OF STATE TALEAHASSEE, FLORIDA \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company **DOCUMENT #** 198000001088 1a. Principal Place of Business Address NDC ASSOCIATES II, L.C. 39 BRIGHTON AVENUE 5811 PELICAN BAY BLVD., SUIT BOSTON MA 02134 NAPLES FL 34108 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 2 Principal Place of Business 07/15/1998 Suite Ant # etc. Suite Ant # etc 4. FEI Number Applied For City & State City & State 58-2404247 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office LAWSON, LINDA A ATTY. 866 99TH AVENUE NORTH Street Address (P.O. Box Number is Not Acceptable) 100002814551----03/22/99--01157--012 NAPLES FL 34108 \*\*\*\*188.75 \*\*\*\*188.75 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 agent, and accept the obligations (Begistered Agen) Assepting Appearate of (NOT). Registered Agen Lsignature required when terrestativity Managing Members/Managers **Business Street Address** City, State and Zip Code 10. Title MGRM MAJESTIC WEST, INC. 5811 PELICAN BAY BLVD., SU NAPLES FL RUSSELL DEVELOPMENT, I 39 BRIGHTON AVENUE MGRM BOSTON MA 11. Ido hereby certify that the information supp ed 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 a 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 o mowered 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. Stephen D. Coleman 3/11/99 941.566-2715 SIGNATURE:

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