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 99 APR 27 AM 9:30 1999 DIVISION OF CORPORATIONS 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 #** 198000001228 CASH COW F14 (NICEVILLE), L.L.C. 1a. Principal Place of Business Address 1020 E. LAFAYETTE STREET, SUITE 106B 1020 E. LAFAYETTE STREET, SU TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 07/27/1998 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 6. Certificate of Status Desired Ζip Country Country Ziń \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name PERBZ, SANTOS 2000 OLD FORT DRIVE Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 400002859634----04/30/99--01147--013 City 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 aftirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations. DAIR 4/27/99 SIGNATURE 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR SWANK, JEFF 7906 MCCLURE TALLAHASSEE FL qualify for the exemption stated in Section 119 07(3) (i). Florida Statutes. I further certify that the information 11. I do hereby certify that the information supplied with this ire shall have the same legal effect as if made under oath, that I am a managing member or manager of the Le this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an indicated on this annual report is true and accurate and limited liability company or the receiver, or trustee en attachment with an address

SIGNATURE:

JNHSE10 R (12-98)