File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS FILED FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee 99 APR -8 AM II: 45 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company DOCUMENT # L98000001231 1a. Principal Place of Business Artifless RIDGEFIELD DEVELOPMENT, L.L.C. C/O ROSEMARY PELLEGRINO C/O ROSEMARY PELLEGRINO 23 SUNSWEPT DRIVE 23 SUNSWEPT DRIVE NEW FAIRFIELD CT 06812 NEW FAIRFIELD CT 06812 3. Date Organized or Qualified 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 07/27/1998 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Country Country 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office KIRKPATRICK, THAD 3001 TAMIAMI TRAIL NORTH, 4TH FLOOR Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34103 Suite, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608 508, Florida Statutes, the above-hamed 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. Thereby accept the appointment as registered agent, and accept the obligations DATE SIGNATURE _ (Hitting to est Aspect Associating Aspect to exp.) (Hitting above 1 Aspect consistence of the Latinois of the specific of the Managing Members/Managers 10. Title **Business Street Address** City, State and Zip Code MGRM PELLEGRINO, ANTHONY 23 SUNSWEPT DRIVE NEW FAIRFIELD CT MGRM PELLEGRINO, ROSEMARY 23 SUNSWEPT DRIVE NEW FAIRFIELD CT 800002840838---\$

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 linited 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.

-04/15/99 - 01105--005 | ****188.75 | ****188.75

SIGNATURE:

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Remarks Hellegain 2/27/