File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE DIVISION OF CORPORATIONS LIMITED LIABILITY COMPANY **Katherine Harris** · ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAR - 4 PM 1: 20 FILING FEE | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT # 198000001286** Name and Mailing Address of Limited Liability Company 1a. Principal Place of Business Address 414 INVESTMENTS, L.L.C. 823 BRIGHTWATER CIRCLE 823 BRIGHTWATER CIRCLE MAITLAND FL 32751 MAITLAND FL 32751 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 07/31/1998 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3524958 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Name POHL, ARTHUR S 823 BRIGHTWATER CIRCLE Street Address (P.O. Box Number is Not Acceptable) MAITLAND FL 32751 Suite, Apt #, etc Zip Code 9. Pursuant to the provisions of Sections 508 416 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. Thereby accept the appointment as registered agent, and accept the obligations. DATE SIGNATURE _ (Regelered Agen Accepting Appoint with ThO's Help breat Agen signature is prest who create in City, State and Zip Code 10. Title Managing Members/Managers **Business Street Address** MGRM POHL, ARTHUR S 823 BRIGHTWATER CIRCLE MAITLAND FL 🛊 kdo 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 it 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:

SIGNATURE AND TYPE CORPORATO NAME OF SIGNAC MANAGES (MEMBER OF MANAGES)