File on or before May 1, 1999 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR 10 AM 11:09

FILING FEE	Annual Report $100.00 + $88.75 Corporation Supplemental Fee
$ 188.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L98000001287

SPRAKER, FITZGERALD & TAMAYO, L.L.C.
~~C/O STEVEN C. LEE, ESQ.// DEAN, MEAD, ET AL~~
~~P.O. BOX 2346~~
~~ORLANDO FL 32802~~

1a. Principal Place of Business Address

~~C/O STEVEN C. LEE// DEAN, M~~
~~800 NORTH MAGNOLIA AVE., SUI~~
~~ORLANDO FL 32803~~

2. Principal Place of Business	2a. Mailing Address
601 S. Lake Destiny Rd	601 S. Lake Destiny Rd
Suite, Apt. #, etc.: 165	Suite, Apt. #, etc.: 165
City & State: Maitland FL	City & State: Maitland FL
Zip: 32751 - 7482 Country:	Zip: 32751-7482 Country:

3. Date Organized or Qualified	3a. State of Formation
07/31/1998	FL

4. FEI Number: 59-3528844 ☐ Applied For ☐ Not Applicable

5. Date of Last Report: None

6. Certificate of Status Desired: $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
~~PEARSON, DAVID A~~ LEE, STEVEN C. C/O DEAN, MEAD, EGERTON, ET AL 800 NORTH MAGNOLIA AVE., SUITE 1500 ORLANDO FL 32803	Name: Lee, Steven C. Street Address (P.O. Box Number is Not Acceptable): c/o Dean, Mead, Egerton, et al. Suite, Apt. #, etc: 800 N. Magnolia Avenue, Ste. 1500. City: Orlando FL Zip Code: 32803

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

SIGNATURE: Steven C. Lee (Registered Agent Accepting Appointment) DATE: 3-2-99

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	SPRAKER, SUSAN S	161 WHITE OAK CIRCLE	MAITLAND FL
MGRM	FITZGERALD, CHARLES E	8348 AMBER OAK DRIVE	ORLANDO FL
MGRM	TAMAYO, RONALD	414 LONGSHADOWS COURT	WINTER SPRINGS FL

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****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. 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 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.

Susan S. Spraker, Member

SIGNATURE: Susan S. Spraker 3/1/99 (407) 869-6228
SIGNATURE AND TITLE OF AUTHORIZED PERSON (SEE INSTRUCTIONS) DATE DAYTIME PHONE #

INHSE10 R (12-98)