

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

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> <b>\$188.75</b>		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company  MCDONALD HOLDINGS, L.C. 5701 ALOMA WOODS BLVD OVIEDO, FL 32765		<b>DOCUMENT #</b> L98000001370  1a. Principal Place of Business Address MCDONALD HOLDINGS, L.C. 2350 COMMERCE PARK DR. PALM BAY, FL 32905	
2. Principal Place of Business SAME Suite, Apt. #, etc. City & State Zip		2a. Mailing Address SAME Suite, Apt. #, etc. City & State Zip	
Country		3. Date Organized or Qualified 08/04/98 4. FEI Number 59-3527059 5. Date of Last Report N/A	
3a. State of Formation FLORIDA		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent  KENNETH B. WHEELER, ESQ.  1155 LOUISIANA AVENUE #100  WINTER PARK, FL 32789		8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City FL 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.			
SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)		DATE _____	
10. Title MGRM	Managing Members/Managers DOROTHY I. MCDONALD FAMILY LIMITED P/S	Business Street Address 5701 ALOMA WOODS BLVD	City, State and Zip Code OVIEDO, FL 32765
980000288175.9 - 2 -05/20/99 -01085 -006 ****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.			
<b>SIGNATURE:</b> <i>Dorothy I. McDonald</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		DOROTHY I. MCDONALD V.P. 5-3 99 Date Daytime Phone #	