


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 <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 16 PM 4: 33 SECRETARY OF STATE TALLAHASSEE, FLORIDA									
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>											
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L98000001379</b> <b>EAST BAY STREET, LLC</b> <b>50 NORTH LAURA STREET, SUITE 2600</b> <b>JACKSONVILLE FL 32202</b>		1a. Principal Place of Business Address <b>50 NORTH LAURA STREET, SUITE</b> <b>JACKSONVILLE FL 32202</b>											
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified <b>08/07/1998</b> 4. FEI Number <b>59-3531719</b> 5. Date of Last Report									
3a. State of Formation <b>FL</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required											
7. Name and Address of Current Registered Agent <b>MOTOLAW, INC.</b> <del>1200 RIVERCHASE BLVD STE 1200</del> <del>JACKSONVILLE FL 32207</del> <del>XXXXXXXXXXXXXXXXXXXX</del>			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) <b>50 N. Laura Street, Suite 2750</b> Suite, Apt. #, etc. City <b>Jacksonville</b> Zip Code <b>FL 32202</b>										
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 <u>W. Hamilton Traylor</u> <b>W. Hamilton Traylor, Vice President</b> DATE <b>3/15/99</b>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> <tr> <td>MGRM</td> <td>HUSK, GARY</td> <td>50 NORTH LAURA STREET, SUITE 2600</td> <td>JACKSONVILLE FL 32202</td> </tr> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGRM	HUSK, GARY	50 NORTH LAURA STREET, SUITE 2600	JACKSONVILLE FL 32202
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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. SIGNATURE: <u>Gary Husk</u> <b>3/11/99</b> <b>314-2600</b> Gary Husk, Managing Member													