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 FILED Katherné Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAR 18 AM 11: 30 ING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

Name and Mailing Address of Limited Liability Company

DOCUMENT # L98000001464 STUART SOUTH GROUP, L.C. 3039 S.W. SEABOARD DR. 1s. Principal Place of Business Address 3039 S.W. SEABOARD DR. PALM CITY FL 34990 PALM CITY FL 34990 3. Date Organized or Qualified | 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 08/17/1998 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 45-0855138 5. Date of Last Report Not Applicable 6. Certificate of Status Desired Žip \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office DOUGHERTY, JEFFREY P 3039 S.W. SEABOARD DR. PALN CITY FL 34990 18875 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, etc 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 \_\_\_\_\_ (Registers (Age of Assepting Appealation)) (Notify Registers (Age 2 signature representation for the 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR DOUGHERTY, JEFFREY P 3039 S.W. SEABOARD DR. PALM CITY FL 800002822618- 3 03/23/33-01145-001 \*\*\*\*198.75 \*\*\*\*198.75 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. SIGNATURE

ANACHIZAMI MIBBERCER MARIAMAR

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