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 **Katherine Harris** FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR 12 PM 3: 51 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 188.75 Se Great Mart Of Service TALLAHASSEE, FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT #** L98000001546 1a. Principal Place of Business Address PENNSYLVANIA PLACE, L.C. 3100 CLAY AVENUE, SUITE 275 3100 CLAY AVENUE, SUITE 275 ORLANDO FL 32804 ORLANDO FL 32804 2 Principal Place of Business 3. Date Organized or Qualified 3a. State of Formation 2a. Mailing Address 08/21/1998 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3528516 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office F&L CORP., THE GREENLEAF BUILDING Street Address (P.O. Box Number is Not Acceptable) 200 LAURA STREET, THIRD FLOOR 8800002844355-*ACKSONVILLE FL 32201 Suite, Apt. #, etc. -04/20/99--01003--021 ****188.75 ****188.75 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. Thereby accept the appointment as registered agent, and accept the obligations. DATE: SIGNATURE. the presentaged A. epong Agree Intern (N. H. Ben vero Layerta grande in the research of 10. Title Managing Members/Managers City, State and Zip Code **Business Street Address** SMART FINANCE, INC. 3100 CLAY AVENUE, SUITE 27 3100 CLAY AVENUE, SUITE 275 MGR ORLANDO FL 11 Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. If urther 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 receivor or trustee empowered to oxecute 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: Dwayne R. Hamner AND THE DIGITION THANK OF SCHOOL MADA CALLAS MADE COMMISSION IS