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 ANNUAL REPORT Cality-9 PH 3: 12 Secretary of State 1999 DIVISION OF CORPORATIONS FILING 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 #** 198000001694 1a. Principal Place of Business Address NEW CENTURY TITLE OF SARASOTA, L.L.C. P.O. BOX 7877 C/O STEWART TITLE COMPANY OF SARASOTA FL 34239 3530 WEBBER STREET SARASOTA FL 34239 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 09/02/1998 FLSuite, Apt. #. etc. Suite, Apt #, etc. 4. FEI Number Applied For 65-0862131 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zin Zip Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office CARLTON, FIELDS, WARD, ET AL C/O PAUL C. DAVIS Street Address (P.O. Box Number is Not Acceptable) ONE HARBOUR PLACE, SUITE 500 TAMPA #3 34239 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 ____ DATE (Bogistered Agent Accepting Apparatment). (NOTE: Brojestered Agent signature respired when not alread 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM STEWART TITLE COMPANY 3530 WEBBER STREET SARASOTA FL -09/11/99--01100--001 ****188.75 ****188.75 11. Ido hereby certify that the information supplied with this filing does not qualify for the xemption stated in Section 119.07(3) (i), Florida Statutes. Hurther 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 upon as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. Kevin M. Hússey SIGNATURE: SCHALLED AND TYPE OF PROBLEMS IN