

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 Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 15 AM 10:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75		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		DOCUMENT # L98000001924			
DALAN & KATZ, P.L. 2633 MCCORMICK DRIVE, SUITE 101 CLEARWATER FL 33759		1a. Principal Place of Business Address 2633 MCCORMICK DRIVE, SUITE CLEARWATER FL 33759			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/21/1998	
City & State		City & State		4. FEI Number	
Zip		Zip		59-3533660	
Country		Country		5. Date of Last Report	
				6. Certificate of Status Desired	
				\$8.75 Additional Fee Required ☐	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
DALAN, RICK 2633 MCCORMICK DRIVE, SUITE 101 CLEARWATER FL 33759				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 _____				DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when making change)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	DALAN, RICK	2633 MCCORMICK DRIVE, SUITE 101		CLEARWATER FL	
MGRM	KATZ, JEFFREY M	2633 MCCORMICK DRIVE, SUITE 101		CLEARWATER FL	
100002816071-0 03/23/99-01095-017 ***188.75 ***188.75 54-99 3-19-99 FEB 22 1999					
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: _____ 2-26-99 727-796-1000					
SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER					