File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY 🦨 FLORIDA DEPARTMENT OF STATE **Katherine Harris** FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 17 MBB -8 PH 5: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE DOCUMENT # 198000002024 Name and Mailing Address
of Limited Liability Company APALACHEE AND MAGNOLIA INVESTMENTS, L.L.C. 1a. Principal Place of Business Address 5901 SW 74TH STREET, SUITE 407 5901 SW 74TH STREET, SUITE 4 SOUTH MIAMI FL 33143 SOUTH MIAMI FL 33143 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 09/29/1998  $\mathbf{F}\mathbf{L}$ Suite, Apt #, etc. Suite, Apt #, etc 4. FEI Number Applied For City & State City & State 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 EMO CORPORATE SERVICES, INC. 100 NE 3RD AVENUE, SUITE 1100 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33301 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 (Riegesterro Agent Accepting Appointment). (NOTE: Registered Agents growneries) week when receiving 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code COMMEN, LTD MGRM 5901 SW 74TH STREET, SUITE SOUTH MIAMI FL MGRM D&M INVESTMENTS GROUP 5201 BLUE LAGOON DRIVE, SU MIAMI FL 70002842817----04/16/99--01094--002 \*\*\*\*188.75 \*\*\*\*188.75 4.10. NPR : 5 1559 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. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal affect 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 regulated by Chapter 608. Florida Statutes; and that my name appears in Block 10, or on an analysis of the statutes. SIGNATURE AND TYPE COMPRING THAT OF SIGNATURE MANAGEMENT OF MALAYER 4/1/99 (305/662-8999 SIGNATURE:

INHSE10 R (12-98)