File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FILED SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAR 15 PH 2: 26 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L98000002103 1a. Principal Place of Business Address KANNER INVESTMENTS, L.C. 3232 SE DIXIE HIGHWAY 3232 SE DIXIE HIGHWAY STUART FL 34997 STUART FL 34997 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 10/02/1998 Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 6. Certificate of Status Desired Zıp Country Zip Country 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name MORGAN, JAMES C 3232 SE DIXIE HIGHWAY Street Address (P.O. Box Number is Not Acceptable) STUART FL 34997 Suite, Apt #, etc. Zip Code City 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 aftirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE DATE (Hegistered Agent Appenting Applicational). (NOTE: Bugatered Agent significative expension research) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM MORGAN, JAMES C 3232 SE DIXIE HIGHWAY STUART FL 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:

INHSE10 R (12-98)