


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 SECRETARY OF STATE DIVISION OF CORPORATIONS JUN 16 AM 11:05	
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 # L98000002135 NC HOLDING, LLC 1109 OLD OKEECHOBEE ROAD SUITE 11 WPB, FL 33401		1a. Principal Place of Business Address 1109 OLD OKEECHOBEE Rd. SUITE 11 WPB, FL 33401			
2 Principal Place of Business 1109 Old Okeechobee Rd. Suite, Apt. #, etc. 11 City & State WPB, FLORIDA Zip 33401 Country USA		2a. Mailing Address Same Suite, Apt. #, etc. SAME City & State SAME Zip SAME Country SAME		3. Date Organized or Qualified 10/6/98 3a. State of Formation FLORIDA 4. FEI Number 65-0874-286 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent TRU NGUYEN 12985 TANGERINE BLVD. LOXAHATCHEE, FL 33470			8. Name and Address of New Registered Agent/Office 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 By: <u>Tru Nguyen</u> AS MANAGER DATE 6/14/99 <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)</small>					
10. Title MANAGER / TRU NGUYEN NEW MEM. MAN / CHARLES POOLE MEM. MEM. BRIAN BETRON MEM. KARL ADLER MEM. JOHN BIGGIE MEM. JOHN BIGGIE, JR. MEM. LYDIA BIGGIE		Business Street Address 1109 OLD OKEECHOBEE Rd. #11 1109 OLD OKEECHOBEE Rd. 11 11 11 11 11 11		City, State and Zip Code WPB, FL 33401 11 000002922750--1 -07/02/89--01096--005 ****188.75 ****188.75 11 11 11 11	
JUN 25 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. (TRU NGUYEN) SIGNATURE: By: <u>Tru Nguyen</u> AS MANAGER 6/14/99 (561) 803-5351 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>					