
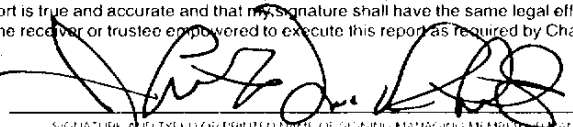


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR -3 AM 9:04 | |
| 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 # L98000002231 | | 1a. Principal Place of Business Address | |
| ELECTRIC CITY OF FLORIDA, LLC 200 BEACH ROAD, SUITE 502 TEQUESTA FL 33469 | | | | 200 BEACH ROAD, SUITE 502 TEQUESTA FL 33469 | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Organized or Qualified | |
| 14255 US HIGHWAY ONE Suite, Apt. #, etc. SUITE 221 City & State JUNO BEACH, FL Zip 33408-1490 Country USA | | 14255 US HIGHWAY ONE Suite, Apt. #, etc. SUITE 221 City & State JUNO BEACH, FL Zip 33408-1490 Country USA | | 10/13/1998 | |
| | | | | 3a. State of Formation FL | |
| | | | | 4. FEI Number 65-0868196 | |
| | | | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Date of Last Report | |
| | | | | 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/> | |
| 7. Name and Address of Current Registered Agent | | | | 8. Name and Address of New Registered Agent/Office | |
| MCROBERTS, JOHN F 200 BEACH ROAD, SUITE 502 TEQUESTA FL 33469 | | | | Name Street Address (P.O. Box Number is Not Acceptable) 14255 US HIGHWAY ONE Suite, Apt. #, etc. SUITE 221 City JUNO BEACH Zip Code FL 33408-1490 | |
| 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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when making change)</small> | | | | | |
| 10. Title | Managing Members/Managers | Business Street Address | | City, State and Zip Code | |
| MGRM | MCROBERTS, JOHN F | 200 BEACH ROAD, SUITE 502 | | TEQUESTA FL | |
| 500002796795-4 -03/05/99-01118-017 ****188.75 ****188.75 | | | | | |
| 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:  2-24-99 (561) 799-0121 | | | | | |