File on or before May 1, 1999 or Limited Liability Company will be SECRETARY OF STATE DIVISION OF CORPORATIONS subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State 99 APR 15 AM 10: 46 DIVISION OF CORPORATIONS 1999 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT #** L9800002510 Name and Mailing Address of Limited Liability Company Principal Place of Business Address JAMES A. BARRIOS, P.L. 6700 SOUTH FLORIDA AVENUE, S 6700 SOUTH FLORIDA AVENUE, SUITE 9 LAKELAND FL 33813 LAKELAND FL 33813-3310 3. Date Organized or Qualified | 3a. State of Formation 2a. Mailing Address 2 Principal Place of Business 600 S. Florida Ave. 11/02/1998 $_{
m FL}$ 4. FEI Number Applied For 59-3539974 City & State Not Applicable akeland.Florida 6. Certificate of Status Desired 5. Date of Last Report \$8.75 Additional Fee Required ISA 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent BARRIOS, JAMES A Street Address (P.O. Box Number is Not Acceptable) 6700 SOUTH FLORIDA AVENUE, SUITE 9 LAKELAND FL 33813 Suite, Apt. #, etc. 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. Thereby accept the appointment as registered agent, and accept the obligations. DATE SIGNATURE _____ (Registered Agest Acceptary Aprilled to a configuration of the fleet from Agest separation and acceptance when con-City, State and Zip Code **Business Street Address** Managing Members/Managers 10. Title 6700 SOUTH FLORIDA AVENUE, LAKELAND FL 33813 MGRM BARRIOS, JAMES A SUITE 9 40000284803**4** -04/22/33--01037--022 ****188.75 ****188.75 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 effect as it 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

Switzprick Matrix little Mill Models COR Matrix (E.D.

attachment with an address SIGNATURE:

ROGERICON PAULUE