File on or before May 1, 1999 or Limited Liability Company will be

<u> subject</u>	to a \$ 40	<u>0.00 LÁTE FI</u>	<u>EE</u>						
LIMITED LIABILITY COMPANY ANNUAL REPORT 1999			FI FI	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			FILED 00 APR 20 PH 5: 00		
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE									
Name a of Limit	and Mailing Add ted Liability Cor	dress DOC	UMENT				The state of the SA		
ROGERS & COMPANY OF FLORIDA, LLC 1549 RINGLING BOULEVARD, SUITE 602 SARASOTA FL 34236							1a. Principal Place of Business Address 1549 RINGLING BOULEVARD, SUI SARASOTA FL 34236		
2 Principal Place of Business 2a. M			2a. Mailir	ling Address			3. Date Organize	d or Qualified	3a. State of Formation
Suite, Apt. #, etc.			Suite, Apt	. #, etc.			11/03/1 4. FEI Number		FL Applied For
City & State			City & Sta	City & State			65-0	7034	Not Applicable
Zip	ip Country Zip			Country			5. Date of Last R	eport	6. Certificate of Status Desired \$8.75 Additional Fee Required
7. Name and Address of Current Registered			Agent 8.			Name and Address	of New Regis	tered Agent/Office	
1549 SARA:	HEN M NG BOULEV. 34236	·	Suite, Apt. #, etc.			Zip Code FL Zip Code Liability company submits this statement for the purpose of changing			
lts register	ed office or regi	istered agent, or both, i accept the obligations	n the State of Flor	ida. Such chang	je was a	uthorized by affirma	tive vote of a majority	of the member	s. I hereby accept the appointment
SIGNATU	RE	(Registered Agent Acce	oting Appointment) (N	OTE Registered Age	ert signala	re required when reinstaling		DATE	
10. Title	Managing Members/Managers			Business Street Address				City, State and Zip Code	
	MUSCO, STEHEN M ROGERS, ERIC J			1549 RINGLING BOULEVARD, S SARASO 100 EAST OLD COUNTRY ROAD MINEOI					
							30	-05/0	2965783 1679901097002 18875 ****188.7

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. If urther 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: