File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FILLD SPORFTARY OF STATE DIVERCITOL CONFORATIONS LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS SS MAR 18 AM 10: 37 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 #** L98000002569 THE HONORABLE COMMON ENTITY LIMITED LIABIL 18. Principal Place of Business Address ITY COMPANY 337 BUENAVENTURA BLVD 337 BUENAVENTURA BLVD GU-AR KISSIMMEE FL 34743 KISSIMMEE FL 34743 2a. Mailing Address P.O. Box 3a. State of Formation 2 Principal Place of Business 3. Date Organized or Qualified 430131 Box 11/05/1998 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 59-3550961 City & State City & State Not Applicable Kissimmee FL 5. Date of Last Report 6. Certificate of Status Desired <sup>Zp</sup> 34743 Country Osceola Zip Country S8 75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name MALDONADO, FRANCISCO J Street Address (P.O. Box Number is Not Acceptable) 337 BUENAVENTURA BLVD KISSIMMEE FL 34743 Suite, Apt. #, etc. 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. Thereby accept the appointment as registered agent, and accept the obligations. DATE 3/8/99 (NOTE Registered Agent signation in speech where in relatings SIGNATURE 10. Title Managing Members/Managers City, State and Zip Code MGRM MALDONADO, FRANCISCO J 337 BUENAVENTURA BLVD KISSIMMEE FL 4dana2820644--\$ -03/26/39--01115--006 \*\*\*\*197.50 \*\*\*\*197.50 1 floo 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

Francisco J. Maldonado

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNANG MANAGER A MEMORY ON MANAGER