


2<sup>nd</sup> and            -File on or before Sept. 29, 1999 or Limited Liability Company  
**FINAL NOTICE:** will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> 99 SEP 29 PM 1:25 SECRETARY OF STATE ALLAHASSEE FLORIDA <i>10/4</i>	
<b>FILING FEE</b> \$ 588.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company  GRACOUR, L.C. C/O GARY SCHMIDT 526 MISTY MORNING DRIVE FLUSHING MI 48433		DOCUMENT # L98000002700			
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Date Organized or Qualified 11/16/1998 3a. State of Formation FL 4. FEI Number <input checked="" 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  CLAYTON, WILLIAM R ESQ. FLOWER, WHITE, BURNETT, HURLEY 100 S.E. 2ND STREET, 17TH FLOOR MIAMI FL 33131		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 _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	SCHMIDT, GARY	526 MISTY MORNING DRIVE		FLUSHING MI  500003007835--1 -10/06/99--01030--015 ****188.75 ****188.75	
11. I 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: <i>Gary Schmidt</i> <i>Gary Schmidt</i> 9/27/99 812-824-4420 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #</small>					

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FLORIDA DEPARTMENT OF STATE  
KATHERINE HARRIS  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

To Whom it may Concern:

PLEASE BE ADVISED WE NEVER RECEIVED  
1ST OR FINAL DOCUMENT OF INCORPORATION.  
REGISTERED AGENT DIDNT FORWARD.

PLEASE SEND ALL CORRESPONDENCE TO  
526 MISTY MORNING DRIVE FORT LAUDERDALE, FL 33309.  
THANK YOU FOR THIS CONSIDERATION.

Barbara

SEND  
CHECK FOR  
01/88.75

FILED  
99 SEP 29 PM 1:25  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA