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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999

The State of

FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

FILED

**DIVISION OF CORPORATIONS** on APR 27 Fit 5: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT #** 198000002850 1a. Principal Place of Business Address CONSTRUCTION GENERAL, LLC 105 SOUTH PONCE DE LEON BLVD. 105 SOUTH PONCE DE LEON BLVD ST. AUGUSTINE FL 32086x ST. AUGUSTINE FL 32086 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 11/24/1998 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 59-3558121 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country 32084 32084 n/a S8 75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office MUCHHALA, DHRUV 105 SOUTH PONCE DE LEON BLVD. Street Address (P.O. Box Number is Not Acceptable) ST. AUGUSTINE FL 32086 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. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstalling) 10. Title Managino Members/Managers **Business Street Address** City, State and Zip Code MGR MUCHHALA, DHRUV 105 SOUTH PONCE DE LEON BL ST. AUGUSTINE FL MGR PRIME INVESTMENT, LLC 105 S. PONCE DE LEON BLVD ST. AUGUSTINE, FL Dhruv N. Muchhala a member edana2867998--ns/n7/99--01126--005. \*\*\*\*188.75 \*\*\*\*198,79

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. Hurther 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, Floring Statutes; and that my name appears in Block 10, or on an

SIGNATURE: Dhruv Muchhala

INHSE10 R (12-98)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBLE OH MANAGER

4/26/99 (904) 829-9400

Daylime Phone #