File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAR 10 AH 10: 56 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SI CHETART OF STATE TAI LAHASSEE, FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L98000002903 1a. Principal Place of Business Address NPV KT, L.L.C. 201 14TH AVENUE NORTH 201 14TH AVENUE NORTH ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 11/30/1998 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Ζiρ Country Country Zip \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office FUDGE, FELIX D 201 14TH AVENUE NORTH Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33701 Suite, Apt. #, etc. City Zip Code 9. Pursuant to the provisions of Sections 608 416 and 608 508, Florida Statutes, the above-hamed 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. SIGNATURE DATE (Begistered Age 1 Acrepting A; portines;) (NE) It Registered Agent signature technical when recolution 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR FUDGE, FELIX D 201 14TH AVENUE NORTH ST. PETERSBURG FL 0028**11277** 03/18/99--01097--022 ****188.75 ****188.79 11, 1do 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

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SIGNATURE: