

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

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| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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FILED
 99 NOV -8 AM 11:35
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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|--------------------------------|--|
| FILING FEE \$ 588.75 | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE |
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| 1 Name and Mailing Address of Limited Liability Company DOCUMENT # L98000003026 | |
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| WORDEN FINANCIAL SERVICES, LLC 16521 SAN CARLOS BOULEVARD FORT MYERS FL 33908 | |
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1a. Principal Place of Business Address

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| 16521 SAN CARLOS BOULEVARD FORT MYERS FL 33908 | |
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|-------------------------------|---------------------|--------------------------------|---|
| 2 Principal Place of Business | 2a. Mailing Address | 3. Date Organized or Qualified | 3a. State of Formation |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 12/04/1998 | FL |
| City & State | City & State | 4. FEI Number | <input type="checkbox"/> Applied For |
| Zip | Country | 65-0890271 | <input type="checkbox"/> Not Applicable |
| | | 5. Date of Last Report | 6. Certificate of Status Desired |
| | | | <input type="checkbox"/> |

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| 7. Name and Address of Current Registered Agent WORDEN, THOMAS E 16521 SAN CARLOS BOULEVARD FORT MYERS FL 33908 |
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| 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 |
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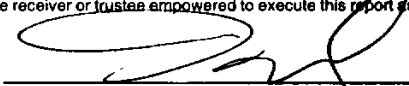
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|-----------|---------------------------|----------------------------|--------------------------|
| MGRM | WORDEN, THOMAS E | 16521 SAN CARLOS BOULEVARD | FORT MYERS FL |

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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. 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:  **KEVIN McMICHAEL** 9/22/99 941-466-2594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

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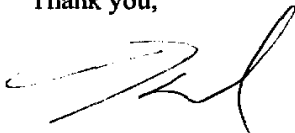
October 11, 1999

Florida Department of State

Here is our state-filing fee for Worden Financial Services, LLC. This is the second time I have notified you that we never received the first notice to file our Limited Liability Company Annual Report. I have been waiting on your decision to wave the \$400.00 late fee since it is after the due date I am sending you the full amount of \$588.75 and will wait for your decision concerning our not receiving the first notice which you state was sent to us.

You can contact me at 941-466-7594.

Thank you,



Kevin McMichael