

**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	 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
  
 99 MAY -3 AM 8:30

<b>FILING FEE</b>	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b>
<b>\$ 188.75</b>	<b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>

1. Name and Mailing Address of Limited Liability Company  <b>DOCUMENT # L98000003280</b>  TRI-D, LC <del>4232-NW-6TH-STREET, -SUITE-1B</del> <del>GAINESVILLE-FL-32609-</del>  3501 SW 2nd Ave., Suite 2400 Gainesville, FL 32607
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1a. Principal Place of Business Address  <del>4232-NW-6TH-STREET, -SUITE-1B</del> <del>GAINESVILLE-FL-32609-</del>  3501 SW 2nd Ave., Suite 2400 Gainesville, FL 32607
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2. Principal Place of Business 3501 SW 2nd Ave. Suite, Apt. #, etc. Suite 2400 City & State Gainesville, FL Zip 32607 Country USA	2a. Mailing Address 3501 SW 2nd Ave. Suite, Apt. #, etc. Suite 2400 City & State Gainesville, FL Zip 32607 Country USA
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3. Date Organized or Qualified 12/18/1998	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 \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent  SIMON, BERT C ESQ. 1660 PRUDENTIAL DRIVE, SUITE 203 JACKSONVILLE FL 32207
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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 <i>MST</i>
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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
MGR	BOEFF, DAVID H	<del>4232-NW-6TH-STREET, -SUITE-</del> 3501 SW 2nd Ave., Suite 2400	<del>GAINESVILLE-FL</del> Gainesville, FL

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 \*\*\*\*188.75 \*\*\*\*188.75

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:** *David H. Boeff* 2/18/99 (352) 376-1001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER (L.P.) Daytime Phone #