File op or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE **Katherine Harris** ANNUAL REPORT Secretary of State
DIVISION OF CORPORATIONS FILEN 1999 99 HAY 20 AH 9: 25 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company TALL / STATE OF THE STATE OF TH **DOCUMENT # 198000003289** IRMS PEO SOLUTIONS, L.L.C. 3200 BAILEY LANE, SUITE 105 3200 BAILEY LANE, SUITE 105 NAPLES FL 34105 NAPLES FL 34105 3. Date Organized or Qualified 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 12/17/1998 FL 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 Zip Country Country B. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent GEORGE C. SCHMCLZLE.
Street Address (P.O. Box Number Is Not Acceptable) MCARDLE, MICHAEL W 850 PARK SHORE DRIVE 3200 TRANON CENTER, THIRD FLOOR NAPLES FL 34103 Apl. #, etc APLES Zıp Code 34105 9. Pursuant to the provisions of Sections 608-416 and 608-508. Floridal Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, opcorb, in the State of Floridal Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, opcorb, in the State of Floridal Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, opcorb, in the State of Floridal Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, opcorb, in the State of Floridal Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, opcorb, in the State of Floridal Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered of Floridal State of Flor accept the obligations. as registered agent, a SIGNATURE red Agent signature required when remstating) Agent Accepting Appoin **Business Street Address** City, State and Zip Code 10. Title Managing Members/Managers MGR SCHMELZLE, GEORGE C 3200 BAILEY LANE, SUITE 10 NAPLES FL ****188.75 ****188.79 AL APR 2.7 (618) 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. If unther certify that the information 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 ustee empowered to execute this report as popured by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an indicated on this annual report is true limited liability company or the receivatachment with an address.

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SIGNATURE:

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