Flle 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 15 AM II: 19 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SHORETÁNY OF LIAME TALLAHASSEE, FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT** # L98000003389 1a. Principal Place of Business Address RICHMOND APARTMENTS, L.L.C. 749 NORTH GARLAND AVENUE, SUITE 101 749 NORTH GARLAND AVENUE, SU ORLANDO FL 32801 ORLANDO FL 32801 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 12/24/1998 FLSuite, Apl. #, 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 Country Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office KINGMAN KEATING, JOHN 749 NORTH GARLAND AVENUE, SUITE 101 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32801 Suite, Apt. #, etc. Zıp 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. Thereby accept the appointment as registered agent, and accept the obligations. Succe Color Company Managing Mombers/Managers Business Street Address City, State and Zip Code SIGNATURE 10. Title P.O. BOX 1814 N/A MGRM BLANKENSHIP, MILDRED PRINCETON WV 800002820566~~ -03/26/99--01107--017 ****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. 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 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 Chapler 608, Florida Statutes, and that my name appears in Block 10, or on an

SIGNATURE: Mildred Colored Col