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 ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1999 \$0 FE 12 12 4: 24 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 **DOCUMENT # 198000003406** 1a. Principal Place of Business Address SANTA ROSA DJJ FACILITY, L.L.C. 1201 NORTH TARRAGONA 1201 NORTH TARRAGONA PENSACOLA FL 32501 PENSACOLA FL 32501 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 12/28/1998 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 Zip Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office DELGALLO, STEVEN P 1201 NORTH TARRAGONA Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32501 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 (Registered Agent Accepting Appointment). (NCIT). Begistered Agent signarine required while in certain ga 10. Title Managing Members/Managers **Business Street Address** City. State and Zip Code MGRM SUSKO, JOHN P 866 SANTA ROSA BLVD. FORT WALTON BEACH FL MGRM SCHWEIZER, W. TODD 866 SANTA ROSA BOULEVARD FORT WALTON BEACH FL MGRM DELGALLO, STEVEN P 1201 NORTH TARRAGONA PENSACOLA FL 500002788675---8 -02/26/99--01072--005 \*\*\*\*188.75 \*\*\*\*188.75 11. I do hereby certify that the information supplied is filing does not qualify for the exemption stated in Section 119.07(3) (i), Fforida Statutes. If urther certify that the information indicated on this annual report is true and accura 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 trusted 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:

INHSE10 R (12-98)