FILE NOW: Fee after May 1, will be \$588.75

FILFD FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT. Secretary of State 97 APR 14 PM 2:22 1997 **DIVISION OF CORPORATIONS** FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee SECRETARY OF STATE TALLAHASSEE, FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 Name and Mailing Address of Limited Liability Company **DOCUMENT** #_{M9400000030} 1a. Principal Place of Business Address A/D CLAYTON, L.L.C., L.C. 3342 CHATHAM CHURCH ROAD 3342 CHATHAM CHURCH ROAD MONCURE NC 27559 MONCURE NC 27559 If above mailing address is incorrect in any way, tine through incorrect information and enter correction in Block 2s. 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 04/14/1994 NC Suite, Apt. #, etc Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 56-1868579 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country 88.75 Auditional Lee Requiert 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name FANT, JULIAN E JR 1234 KING ST Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32204 Sulte, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited fiability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Ftorida. 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 rainstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR CLAYTON, DONALD B B342 CHATHAM CHURCH ROAD MONCURE NC MGR CLAYTON, ALICE M B342 CHATHAM CHURCH ROAD MONCURE NC 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 808, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

ALCE M. CLAY FONT MGR. Cicc M. Claylo Manager SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MINAGER SIGNATURE: (Lluc_ INHSE10 R(12-96)

DOUALD B. CLAYTON, MGR. MANAGER