File on 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 FILED Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 90 APR 28 PH 5: 00 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 # M95000000047** 1a. Principal Place of Business Address RJ MATADOR, L.L.C. 880 CARILLON PARKWAY 880 CARILLON PARKWAY ST. PETERSBURG FL 33716 ST. PETERSBURG FL 33716 2. Principal Place of Business 2s. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 02/22/1995 DE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3307717 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 04/10/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office MATECKI, PAUL L 880 CARILLON PARKWAY Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33716 Suite, Apt. #, etc. Zip 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. 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 200 FIRST AVENUE, STE. 201 ST. PETERSBURG FL MGR BERG, JEFFREY DOWDLE, JEFFREY 880 CARILLON PKWY. MGMR ST. PETERSBURG FL 700002868697---\$ -05/07/93---01161---010 \*\*\*\*188.**%**5 \*\*\*\*188.75

11. Ido hereby certify that the information supplied with this filing does not quality 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:

HSE 10 R (12-98)

NATURE IND TYPEU OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Jeffrey Dowdle 4/20/99 727-573-38

Daytme Phone #