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

Programme Control FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY A Sandra B. Mortham ANNUAL REPORT Secretary of State  $\alpha \approx 35 1997$ **DIVISION OF CORPORATIONS** 97 MAY -5 PH 4: 13 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee **FILING FEE** SECRETARY OF STATE TALLAHASSEE FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 1. Name and Mailing Address **DOCUMENT #**495000000242 of Limited Liability Company 1s. Principal Place of Business Address WCH SERVICES L.L.C., L.C. 1004 FARNAM STREET, SUITE 400 004 FARNAM STREET, SUITE 400 OMAHA NE 68102 DMAHA NE 68102 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 3. Date Organized or Qualified 3a. State of Formation 2. Principal Place of Business 2a. Mailing Address 08/15/1995 ĎΕ Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State **47-0796287** Not Applicable 6. Date of Last Report 6. Certificate of Status Desired Country Zip Country stri25 Additional Fee Required **04/08/1996** 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent T' CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTAUTON FT, 33324 Suite, Apt. #, etc. Zip Code FL 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) (NOTE Registered Agent signature required when reinstating) City, State and Zip Code 10. Title Managing Members/Managers **Business Street Address** AMERICA FIRST PROPERTI MEM 004 FARNAM STREET, SUITE OMAHA NE MLMKANNEY, MICHAEL B 004 FARNAM STREET, SUITE OMAHA NE \*\*\*\*203.75 \*\*\*\*203.75 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 eath; 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER INHSE10 R(12-96) ANNEY HENBEL