File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. OIVISION OF CORPORATIONS

98 MAR -9 PM 2: 52 LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Liability Company **DOCUMENT** # M9600000066 1a. Principal Place of Business Address BADHAM INSULATION, L.C. 2524 HOLLEY LANE 2524 HOLLEY LANE PANAMA BEACH FL 32408 PANAMA BEACH FL 32408 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 03/01/1996 VA Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 54-1789348 5. Date of Last Report 6. Certificate of Status Desired Country Country S8.75 Additional Fee Required <u>01/28/1997</u> 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 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. I hereby 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 MGRM BAILIE, ROBERT W 7308 HANOVER GREEN DR. MECHANICSVILLE VA 800002456008--0 -03/12/98--01114--018 ****188.75 ****188.75

11. I do hereby certify that the information supplied with this filling 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 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

R.W. Bailie

3/4/98

(804) 746-1210

Daytime Phone #