File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. ALEU Sheraaky ûr State Albes de derbestin LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 IMR - 4 PH 1: 19 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # M96000000076** 1a. Principal Place of Business Address WELLSPRING RESOURCES, LLC 8900 FREEDOM COMMERCE PARKWAY 6707 DEMOCRACY BLVD JACKSONVILLE FL 32256 SUITE 800 BETHESDA MA 20817 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 03/12/1996 DE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 52-1963899 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zio Country Zio Country \$8.75 Additional Fee Required 07/13/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 Suite, Apt. #, etc. City 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 relief it of 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR SMITH, A W JR. 6707 DEMOCRACY BLVD., #800 BETHESDA MA MGR BARDENWERPER, WALTER W 6707 DEMOCRACY BLVD., #800 BETHESDA MA MGR 8900 FREEDOM COMMERCE PARK JACKSONVILLE FL HAMMONDS, KEVIN R-GRIMES, RICHARD T. adono2798873---9 -03/03/99--01029--012_ ****188.75 ****188.7\$

11. Ido 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 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

IGNATURE AND TYPLO CYPRIA ILLO NAME OF SIGNING MANAGRIG MEMBER OR MANAGER.

KICHARD T. GRIMES

INHSE 10 R (12-98)

SIGNATURE: