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

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NHSE10 R(12-96)

FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS FILED Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee FILING FEE 97 MAR 28 PM 4: 01 Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 Name and Malling Address **DOCUMENT** #<sub>M9600000088</sub> SECRETARY OF STATE of Limited Liability Company CENTENNIAL AMERICAN PROPERTIES, L.C. 131 FALLS STREET, SUITE 100 131 FALLS STREET, SUITE 100 GREENVILLE SC 29601 GREENVILLE SC 29601 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

2. Principal Place of Business

2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation SAME SAME 03/20/1996 SC Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 57-1037722 6. Certificate of Status Desired 5. Date of Last Report Country Country \$8.75 Additional Fee Required 8. Name and Address of New Registered Agent 7. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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. (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) City, State and Zip Code **Business Street Address** 10. Titie Managing Members/Managers 131 FALLS STREET, SUITE 10 GREENVILLE SC MGRM CENTENNIAL AMERICAN , MGRM GATEWAY ASSET MANAGEME 131 FALLS STREET, SUITE 10 GREENVILLE SC 300002130043---6 -04/01/97--01064--005 \*\*\*\*\*203.75 \*\*\*\*\*203.75 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. If urther 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 poort 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 STEINING MANAGING MEMBER OR MANAGER