File on or before May 1, 1999 or Limited Liability Company will be

subject to a \$ 400.00 LATE FEE FILED SECPETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAR 12 PM 12: 33 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 # M96000000088** 1a. Principal Place of Business Address CENTENNIAL AMERICAN PROPERTIES, L.C. 131 FALLS STREET, SUITE 100 131 FALLS STREET, SUITE 100 GREENVILLE SC 29601 GREENVILLE SC 29601 2 Principal Place of Business 3. Date Organized or Qualified 2a. Mailing Address 3a. State of Formation 03/20/1996 SC Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State 57-1037722 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zφ Country \$8.75 Additional Fee Required 03/12/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) 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): (NOT): Registered Agent signature regioned where remater qu 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM CENTENNIAL AMERICAN , 131 FALLS STREET, SUITE 10 GREENVILLE SC GATEWAY ASSET MANAGEME 131 FALLS STREET, SUITE 10 GREENVILLE SC MGRM

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 trustes 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:

G MANAGRAG MEMBER OF MANAGER

****188.75 ****188.75

Applied For

Not Applicable