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

LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE for the form the Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1997 **DIVISION OF CORPORATIONS** 97 APR 21 AM 11: 27 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee **FILING FEE** \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE TALLAHASSEE FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT** #M96000000091 SUMNER & ANDERSON, A LIMITED LIABILITY COM 1a. Principal Place of Business Address THE HURT BLDG. THE HURT BLDG. 50 HURT PLAZA, STE. 700 50 HURT PLAZA, STE. ATLANTA GA 30303 ATLANTA GA 30303 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 3/21/1996 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 58-2168789 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent GREEN, ELIZABETH A Jacqueline S. Best Rendo Street Address (P.O. Box Number is Not Acceptable) 940 HIGHLAND AVE. DRLANDO FL 32803 135 W. Central Blvd. Suite, Apt. #, etc. Suite 1230 Orlando Zip Code 32802 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 accept the obligations 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM Richard Blackstone Webber, 1 135 West Central Blvd., #1230 ORLANDO FL 32801 60002152036--0 -04/23/97--01074--004 ****203.75 ****203.7S 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. 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 of the stee 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