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

subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE **Katherine Harris** ANNUAL REPORT FILED Secretary of State 1999 DIVISION OF CORPORATIONS 99 FEB 22 AM 8: 59 LING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECKETARY OF STREET Name and Mailing Address of Limited Liability Company TALLAHASSEE, FLORIDA **DOCUMENT # M96000000158** 1a. Principal Place of Business Address SIDELINE DEVELOPMENT, L.L.C. 2108 SWAN LAKE COVE 2108 SWAN LAKE COVE BIRMINGHAM AL 35244 BIRMINGHAM AL 35244 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 05/08/1996 AL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 63-1159580 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zıp Country Zio S8 75 Additional Fee Required 04/02/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name CURRY, DAVID L 1019 PJPKIN ROAD Street Address (P.O. Box Number is Not Acceptable) LAKELAND Ft 33811 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 DATE (Registered Agent Accepting Appointment): (NOTE: Registered Agent signature required when remetating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code 2108 SWAN LAKE COVE BIRMINGHAM AL MGRM SPINA, PAUL J JR TRUSSVILLE AL 203 POWELL PLACVE MGRM GUTHRIE, GLENN MGRM CURRY, DAVID % P.O. DRAWER 5408 N/A LAKELAND FL 8955 CHARLESTON PARK ORLANDO FL MGRM MCCOY, THOMAS T 2000002789222- 1 -02/26/99--01100--004 \*\*\*\*\*188.75 \*\*\*\*188.75

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 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:

SIGNATURE AND TYPE

MANAGING MOMBER