
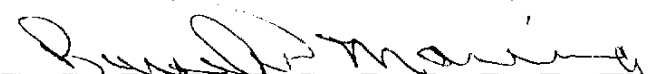


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company SONMAR OF PLANT CITY, L.L.C. 15 BROADWAY, SUITE 401 FARGO ND 58102		DOCUMENT # M97000000283	
2. Principal Place of Business 1134 Westrac Dr. Suite, Apt. #, etc. Fargo ND Zip 58103 Country		1a. Principal Place of Business Address 15 BROADWAY, SUITE 401 FARGO ND 58102	
2a. Mailing Address 1134 Westrac Dr Suite, Apt. #, etc. Fargo ND Zip 58103 Country		3. Date Organized or Qualified 05/21/1997	3a. State of Formation ND
		4. FEI Number 91-1807732	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 000002511120-4 Suite, Apt. #, etc. -05/05/98--01085--017 ****943.75 ****188.75 City FL 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)		DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MARING, RUSSELL D	15 BROADWAY, SUITE 401	FARGO ND
MGRM	OLSON, DENIS J	300 MAIN AVE., SUITE 112	FARGO ND
MGRM	THARAUDSON, Gary	1134 Westrac, Drive	Fargo ND 58103
AL APR 29 1998			
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: 		4.20.98 701-235 1167	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	