



File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company SONMAR OF PLANT CITY, L.L.C. 1134 WESTRAC DR. FARGO ND 58103		DOCUMENT # M97000000283	
2. Principal Place of Business 1134 Westrac Drive Suite, Apt. #, etc. City & State Fargo ND Zip 58103 Country CASS		2a. Mailing Address Suite, Apt. #, etc. City & State Zip 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 04/27/1998		6. Certificate of Status Desired <input checked="" 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 GAIL Aikens Street Address (P.O. Box Number is Not Acceptable) 2003 South Frontage Rd Suite, Apt. #, etc. City Plant City Zip Code FL 33546	
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. X SIGNATURE Gail Aikens (Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when transferring) DATE 4/7/99			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MAKING, RUSSELL D	15 BROADWAY, SUITE 401	FARGO ND
MGRM	OLSON, DENIS J	300 MAIN AVE., SUITE 112	FARGO ND
MGRM	THARALDSON, GARY	1134 WESTRAC DR.	FARGO ND
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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: Gary Tharaldson 4/15/99 SIGNATURE AND SEAL OF PRESIDENT OF SECRETARY OF STATE FOR MANAGER			