
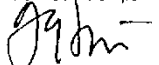


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FLORIDA SECRETARY OF STATE DIVISION OF CORPORATIONS CENTER - 3 AM 9:04	
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 DOCUMENT # M97000000334 NEWTON OLDACRE MCDONALD, L.L.C. 250 WASHINGTON ST. PRATTVILLE AL 36067			1a. Principal Place of Business Address 250 WASHINGTON ST. PRATTVILLE AL 36067		
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/11/1997	
City & State		City & State		3a. State of Formation	
Zip		Zip		AL	
Country		Country		4. FEI Number	
				62-1512091	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				03/02/1998	
				6. Certificate of Status Desired	
				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent/Office		
KIEHN, ROLAND W % BARRON, REDDING, HUGHES, FITE ET A 220 MCKENZIE AVE. PANAMA CITY FL 32401			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			Suite, Apt. #, etc.		
			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. Thereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____			DATE _____		
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when filing through)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	NEWTON, THOMAS E	250 WASHINGTON ST.		PRATTVILLE AL	
900002794829--7 -03/04/99--01085--024 ****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: 		Thomas E. Newton		2/23/99	
				334/365-9058	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>					