File on or before May 1, 1998 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.
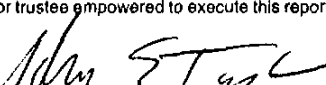
LIMITED LIABILITY COMPANY ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

FILING FEE $ 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 #** M97000000352

TAYLOR MADE SYSTEMS FLORIDA, LLC
~~360 OLD SANFORD OVIEDO ROAD~~
~~WINTER SPRINGS FL 32708~~

1a. Principal Place of Business Address

360 OLD SANFORD OVIEDO ROAD
WINTER SPRINGS FL 32708

2. Principal Place of Business *Same*	2a. Mailing Address 66 Kingsboro Ave.	3. Date Organized or Qualified 06/16/1997	3a. State of Formation DE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 16-1520962	☐ Applied For ☐ Not Applicable
City & State	City & State Gloversville, NY	5. Date of Last Report	6. Certificate of Status Desired
Zip	Country	Zip 12078	Country	$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
OWENS, JOHN K 360 OLD SANFORD OVIEDO ROAD WINTER SPRINGS FL 32708	Name Street Address (P.O. Box Number is Not Acceptable) 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 reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MBR	TAYLOR, JAMES W	66 KINGSBORO AVE (P.O. BO	GLOVERSVILLE NY
MBR	TAYLOR, JOHN E	66 KINGSBORO AVE (P.O. BO	GLOVERSVILLE NY

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: _____   JOHN E TAYLOR MEMBER   4-6-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #