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	FILED ͨ9 APR 20 PM 5: 00 SECRETARY OF STATE

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 #** M97000000407

SONMAR OF FT. MYERS, L.L.C.
1134 WESTRAC DR.
FARGO ND 58103

1a. Principal Place of Business Address

1134 WESTRAC DR.
FARGO ND 58103

2. Principal Place of Business 1134 Westrac Dr.	2a. Mailing Address	3. Date Organized or Qualified 07/10/1997	3a. State of Formation ND
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 91-1824535	☐ Applied For ☐ Not Applicable
City & State Fargo ND	City & State	5. Date of Last Report 04/27/1998	6. Certificate of Status Desired $8.75 Additional Fee Required ☐
Zip 58103	Country Cass	Zip	Country		

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Gail Aikens Street Address (P.O. Box Number is Not Acceptable) 2003 South Frontage Rd Suite, Apt #, etc. City Plant City FL Zip Code 33566

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 changing)   DATE 4/7/99

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, DENNIS J~~	~~300 MAIN AVENUE, SUITE 112~~	FARGO ND
MGRM	THARALDSON, GARY	1134 WESTRAC DR.	FARGO ND

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*****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: Gary Tharaldson   4/15/99
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER OR MEMBER OR MANAGER)   Date   Daytime Phone #

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