


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

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| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | FILED 99 MAR 22 PM 4: 08 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| 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 EILDON ASSOCIATES LLC 10552 PHILADELPHIA ROAD WHITE MARSH MD 21162 | | DOCUMENT # M97000000683 1a. Principal Place of Business Address 10552 PHILADELPHIA ROAD WHITE MARSH MD 21162 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | 3. Date Organized or Qualified 10/15/1997 3a. State of Formation DE 4. FEI Number 13-3948290 5. Date of Last Report 03/11/1998 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 PIANTATION FL 33324 | | | 8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 00000282400--2 -03/30/99--01087--008 City ****188.75 ****188.75 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 _____ | | |
| <small>(Registered Agent Accepts Appointment. (b)(3). Registered Agent signature required when not a director.)</small> | | | | | |
| 10. Title | Managing Members/Managers | Business Street Address | | City, State and Zip Code | |
| MGRM | MILNE, MICHAEL H.A. | 10552 PHILADELPHIA ROAD | | WHITE MARSH MD | |
| MGRM | FOSTER, DAVID A | 10552 PHILADELPHIA ROAD | | WHITE MARSH MD | |
| MGR | PETTIT, PETER | 810 GREAT SOUTH ROAD | | PENROSE, AUCKLAND, NEW | |
| MGR | WARBRICK, M. SHANE | 810 GREAT SOUTH ROAD | | PENROSE, AUCKLAND, NEW | |
| MGR | KUISLE, HAL | 2300 3005TH AVENUE S.W. | | CALGARY, ALBERTA, CA | |
| MGR | Christopher Dorn (Sec, CFO) | 10552 Philadelphia Road | | White Marsh, MD 21162 | |
| <i>SL</i> <i>3-25-99</i> | | | | | |
| 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: _____ | | David Foster | | 3/16/99 410-344-1350 | |