File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY FILED Sandra B. Mortham ANNUAL REPORT Secretary of State 98 MAR 13 PM 4: 00 1998 **DIVISION OF CORPORATIONS** FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** M97000000773 1a. Principal Place of Business Address D.J. FLORIDA PROPERTY, LLC 1005 MOEGLING HEIGHTS DRIVE 1005 MOEGLING HEIGHTS DRIVE ASHLAND KY 41102 ASHLAND KY 41102 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 11/19/1997 4. FEI Number KY Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 61-1316013 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Zio Country Country \$8.75 Additional Lee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office MURTY, TIMOTHY 1633 PERIWINKLE WAY, SUITE A Street Address (P.O. Box Number is Not Acceptable) SANIBEL FL 33957 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** CLARK, DIANA J 1005 MOEGLING HEIGHTS DRIV ASHLAND KY **MBR** CLARK, JOHN W 1005 MOEGLING HEIGHTS DRIV ASHLAND KY 30D002459893--7 -03/17/98--01080--010 ****188.75 ****188.75

11. Ido 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 in 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.

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER.

SIGNATURE: