File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILEO SECRETARY OF STATE DIVISION OF CORPORATIONS LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE **Katherine Harris** ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 FEB 25 AH 10: 25 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling 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 PO By 11/19/1997 KY Suite, Apt. #, etc. Suite, Apt. #, e 4. FEI Number Applied For City & State City & State 61-1316013 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country \$8.75 Additional Fee Required 1105 03/13/1998 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. 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. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Appointment) (NOTE Heg shared Agent significant required when remotiting) 10. Title Managing Members/Managers **Business Street Address** City. State and Zip Code CLARK, DIANA J MBR 1005 MOEGLING HEIGHTS DRIV ASHLAND KY MBR CLARK, JOHN W 1005 MOEGLING HEIGHTS DRIV ASHLAND KY 9mn002795249---03/05/99--01006--013 \*\*\*\*188.75 \*\*\*\*188.7\$ 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:

SIGNATURE AND TYPE GIOR PRINTED NAME OF SIGN NO MANAGING MICKELER OR MICHAGI R

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