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 Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAY 11 PM 2: 17 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # M97000000805** 1a. Principal Place of Business Address WARD ENTERPRISES, LLC 2343 SOUTHEAST FEDERAL HIGHWAY 2343 SOUTHEAST FEDERAL HIGHW STUART FL 34994 STUART FL 34994 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 12/02/1997 Suite, Apt. #, etc. Suite, Apt. ₩, etc. 4. FEI Number Applied For 65-0795634 City & State City & State APPLIED FOR Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip 8 75 Additional Lee Frique ed. 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 Sulte, Apt. #, etc. City Zio 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. (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zlp Code 2343 SE FEDERAL HWY MGR BALLARD, JENNIFER StuaRT, **600002525996--**-05/15/98--01101--020 ****188.75 ****188.75 11. I do tareby 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 AND TYPE COMPRINTED NAME OF SIGNING MANAGING MEMBER OF MANAGER

SIGNATURE: