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** FILED Secretary of State 1998 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 98 APR 21 AMID: 35 Name and Mailing Address
 of Limited Liability Company SECRETARY OF STATE
TALLAHASSEF, FLORIDA
1a. Principal Place of Business Address **DOCUMENT #** M97000000813 PENNANT FINANCIAL SERVICES, LLC 1669 PHOENIX PARKWAY, SUITE 150 1669 PHOENIX PARKWAY, SUITE ATLANTA GA 30349 ATLANTA GA 30349 3. Date Organized or Qualified | 3a. State of Formation 2. Principal Place of Business 2a. Mailing Address 12/01/1997 1. FEI Number Sulte, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 58-2352862 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office CORPORATION SERVICE , COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET <u>600002498916-- 6</u> -04/24/98--01010--011 TALLAHASSEE FL 32301 Suite, Apt. #, etc. \*\*\*\*188.75 \*\*\*\*188.75 City 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 Registered Agent signature required when reinstating) **Business Street Address** City, State and Zip Code 10. Title Managing Members/Managers MGR 1669 PHOENIX PKWY., STE 15 ATLANTA GA EVERITT, WALLER DAVID MGR 1669 PHOENIX PKWY., STE 15 ATLANTA GA CAMERON, JAMES M

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE;

James M. Cameron

4/15/98

(770) 909-7999