File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY FILED Katherine Harris ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** 99 MAR 15 AM 11: 16 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETART OF STATE TALLAHASSEE, FLORIDA 1. Name and Mailing Address of Limited Liability Company ASSET DEVELOPMENT AND MANAGEMENT GROUP, L. 1a. Principal Place of Business Address L.C. 13575 58TH STREET NORTH 13575 58TH STREET NORTH SUITE 144/THE SUMMIT BUILDING SUITE 144/THE SUMMIT BUILDIN CLEARWATER FL 33760 CLEARWATER FL 33760 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 2. Principal Place of Business 01/12/1998 PA Suite, Apt. #, etc. Suite Ant. #. etc. 4. FEI Number Applied For City & State City & State 23-2929953 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired ŽiD Country Country \$8.75 Additional Fee Required 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Name JEFFRIES, DAVID M 220 SOUTH FRANKLIN ST. Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33602 Suite, Apt #, etc City Zıp 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 DATE (Registered Agent Addepting Approximent) (NOTE, Begistered Agent signature regional when recistating) 10. Title **Business Street Address** City, State and Zip Code Managing Members/Managers MGR LUBECK, JOSEPH G 13575 58th Street North Clearwater, FL 33760 Suite 144/Summit Center 00002817510- 0 -03/24/33--01034--006 ****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 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. 3/12/99 SIGNATURE:

omdoseph GrwLubeck, Mygr.

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