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 Katherine Harris ANNUAL REPORT Secretary of State FILED 1999 **DIVISION OF CORPORATIONS** 99 APR 27 All 9:30 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 # M98000000088** CASH COW F3 (QUINCY), L.L.C. 1020 EAST LAFAYETTE STREET, SUITE 106 1020 EAST LAFAYETTE STREET, TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 3. Date Organized or Qualified 2 Principal Place of Business 2a. Mailing Address 3a. State of Formation 02/02/1998 LA Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3487251 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Žιρ Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office PEREZ, SANTOS 2000 OLD FORT DRIVE Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 Suite, Apt. #, etc. Zip Code City 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 Managing Members/Managers 10. Title SWANK, JEFF 7906 MCCLURE TALLAHASSEE FL MGR 1 mono 2**859811--**-05/03/99--01014--011 \*\*\*\*188.75 \*\*\*\*188.79

\_\_\_\_\_

attachment with an address
SIGNATURE:

AND TYPEO OF PRINTED MAME OF GRAING MANAGER (INCIMENTED MANAGER)

11. Ido hereby certify that the information supplied with this bing 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 accordate 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 employered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

Lington Ethiope #