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 FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR 14 AM 10: 46 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE TALLAMASSEE, LORDA Name and Mailing Address of Limited Liability Company **DOCUMENT # M98000000156** 1a. Principal Place of Business Address SILVERGREEN USA, LLC 1313 NORTH MARKET STREET 1313 NORTH MARKET STREET WILMINGTON DE WILMINGTON DE 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 02/06/1998 DE. Suite, Apt. #, etc. Suite. Apt. #, etc. 4. FEI Number 23 70916 Applied For City & State City & State APPLIED FOR Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country Zιρ \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name SWAIN, TRACEY 1012 WENTWORTH CT. Street Address (P.O. Box Number is Not Acceptable) LONGWOOD FL 32750 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 affirmalive vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations SIGNATURE DATE (Registered Agent Accepting Appoint next). (NOTE: Registered Agent signar ire required when recording 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR SWAIN, JEFF 1012 WENTWORTH CT. LONGWOOD FL 1012 WENTWORTH CT. MGR SWAIN, TRACEY LONGWOOD FL 8d0002848238---# -04/22/99---01107---016 ****188.75 ****188.75 9-19-97

1 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. Hurther 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

4/11/99 407-260-8054

SIGNATURE: JETT STONIO

attachment with an address

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