

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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DIVISION OF CORPORATIONS

99 MAR 11 PM 1:10

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE \$ 188.75</b>	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b>
<b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	

1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # M98000000210</b>  KITE DAYTONA, L.L.C. C/O KITE DEVELOPMENT, INC. 6610 N. SHADELAND AVENUE, SUITE 200 INDIANAPOLIS IN 46220
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1a. Principal Place of Business Address  C/O KITE DEVELOPMENT, INC. 6610 N. SHADELAND AVENUE, SU INDIANAPOLIS IN 56220
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2. Principal Place of Business <i>SAME AS ABOVE</i> Suite, Apt. #, etc.	2a. Mailing Address <i>SAME AS ABOVE</i> Suite, Apt. #, etc.
City & State	City & State
Zip	Country

3. Date Organized or Qualified 03/02/1998	3a. State of Formation IN
4. FEI Number 35-2039567 <b>APPLIED FOR</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report <i>N/A</i>	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  EVANS, JOHN H ESQ. 1702 SOUTH WASHINGTON AVENUE TITUSVILLE FL 32780
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8. Name and Address of New Registered Agent/Office  Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <b>FL</b>
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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 Accepting Appointment) (SOLE Registered Agent signature required when re-registering)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	KITE, PAUL W	6610 N. SHADELAND AVENUE	INDIANAPOLIS IN  000002808450 -03/18/99--01108--024 ****188.75 ****188.75

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:** *Paul W. Kite* (317) 577-5600