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
DIVISION OF CORPORATIONS 99 APR -5 AM 10: 28 1999 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 # M98000000254** 1a. Principal Place of Business Address GORDON F. BUTLER, LLC 92-A/2m 2000 MAINE STREET 2000 MAINE STREET FROSTPROOF FL 33843 FROSTPROOF FL 33843 Principal Place of Business 3. Date Organized or Qualified | 3a. State of Formation 03/17/1998 4. FEI Number Applied For 58-2377373 Not Applicable LORIDA 5. Date of Last Report 6. Certificate of Status Desired POLK \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office BUTLER, GORDON F 2000 MAINE STREET FROSTPROOF FL 33843 Street Address (P.O. Box Number is Not Acceptable) 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 voic of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE _ DATE . (Registered Agent Accepting Apparetment) (POTE Registered Agent a greature required when remotating) 10. Title Managing Members/Managers City, State and Zip Code Business Street Address MGR BUTLER, GORDON F 2000 MAINE STREET FROSTPROOF FL 300002845413---04/20/93 --01077 --009 ****188.75 ****188.75 11. Lab 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: