
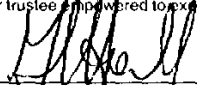


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED APR 23 PM 5:00 SECRETARY OF STATE									
<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 # M98000000284</b>  MSC NAPLES, LLC <del>702 OBERLIN ROAD, SUITE 150</del> <del>RALEIGH NC 27605</del>		1a. Principal Place of Business Address  702 OBERLIN ROAD, SUITE 150 RALEIGH NC 27605											
2. Principal Place of Business 4000 Blue Ridge Rd. Suite, Apt. #, etc. Suite 100 City & State Raleigh, NC Zip 27612		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country USA		3. Date Organized or Qualified 03/26/1998  3a. State of Formation NC  4. FET Number 56-2075184 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable 5. Date of Last Report  6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
7. Name and Address of Current Registered Agent  STONE, ADELE I ESQ. 1946 TYLER STREET HOLLYWOOD FL 33020			8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City FL Zip 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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when not changed)</small>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>HOWELL, GLENN R</td> <td> <del>702 OBERLIN ROAD, SUITE 150</del>            4000 Blue Ridge Rd Suite 100         </td> <td>           RALEIGH NC             100002842001            04/29/98-01093--016            ****188.75 ****188.75         </td> </tr> </tbody> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGRM	HOWELL, GLENN R	<del>702 OBERLIN ROAD, SUITE 150</del> 4000 Blue Ridge Rd Suite 100	RALEIGH NC  100002842001 04/29/98-01093--016 ****188.75 ****188.75
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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.  <b>SIGNATURE:</b>  <u>Glenn Howell</u> <u>4/6/99</u> <small>SIGNATURE MUST BE TYPE OR PRINTED NAME OF SIGNER. MANAGING MEMBER MUST SIGN AND DATE</small>													