File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE SECULIVAY OF STATE LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 HAR 10 PH 1:00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # M98000000432** 1a. Principal Place of Business Address FAIR OAK, LLC C/O GE CAPITAL CORPORATION C/O GE CAPITAL CORPORATION 292 LONG RIDGE ROAD 16419 DALLAS BAKWAY STAMFORD CT 06927 SHITE 400 ADDISON, TX 75001-2512 292 LONG RIDGE ROAD STAMFORD CT 06927 2a. Mailing Address 2. Principal Place of Business 3. Date Organized or Qualified 3a. State of Formation 04/30/1998 DE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 06-1504191 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country Zio \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Namo CORPORATION SERVICE , COMPANY 1201 HAYS STREET 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. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE\_ DATE \_ (Registered Agent Accepting Appointment): (NOTE: Registered Agent significant region of when resoluting) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code GE CAPITAL CORPORATI, MGR 2424 NORTH FEDERAL HIGHWAY BOCA RATON FL 11 Ido 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. MIKE JAYNES SIGNATURE: TEO NAME OF SIGNING MANAGING MEMBER OF MAYING F

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