File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. SECRETALLY OF STATE
DIVISION OF CORPORATIONS ELORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY 🔏 Katherine Harris ANNUAL REPORT Secretary of State 99 FEB 25 AM 10: 25 1999 DIVISION OF CORPORATIONS 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 # M98000000467** 1a. Principal Place of Business Address TWOSOME FLEX ASSOCIATES, L.L.C. 840 NORTH LENOLA ROAD - UNIT 1 840 NORTH LENGLA ROAD - UNIT MOORESTOWN NJ 08057 MOORESTOWN NJ 08057 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 3521 BONITA BAY BLUD SAME 05/11/1998 NJ Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 22-3451455 BONITA SPRINGS, FL Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country S8 75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name PRICE, R. SCOTT ESO. 2640 GOLDEN GATE PARKWAY, SUITE 315 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34105 Suite, Apt. #, etc. City 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. (Registered Agent Accepting Application of) (NOTE Registered Agent signature required when remaining) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM MCGARVEY, JOHN S 840 NORTH LENGLA ROAD - UN MOORESTOWN NO 3521 BONITA BAY BLUD BONITA SPRINGS, 900002795419---03/05/99--01014--013 ****188.75 ****188.7 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. 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 attachment with an address.

SIGNATURE:

INHSE 10 R (12-98)