File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FILED 18 LIMITED LIABILITY COMPANY ELORIDA DEPARTMENT OF STATE Katherine Harris ANNUAL REPORT Secretary of State 99 MAY -3 AM II: 36 1999 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee TATE AHARAS E PLORIDA \$188.75 Make CI

Name and Mailing Address
of Limited Liability Company Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT #** M98000000833 1a. Principal Place of Business Address THE MORGAN-TAYLOR GROUP, L.L.C. -2333 CAERLEON RD. 2333 CAERLEON RD. CLEARWATER FL 33764 CLEARWATER FL 33764 3. Date Organized or Qualified 3a. State of Formation 07/30/1998 NV 4. FEI Number Applied For City & State 59-3523407 Not Applicable D 5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office VANNIER, BIRGIT 2333 CAERLEON RD. Street Address (P.O. Box Number is Not Acceptable) GLEARWATER FL 33764 ---Zip Code lear wa 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 Cooling Appointment). (IPDE Bigost red Agent signature respired when recenting SIGNATURE -10. Trtle Managing Members/Managers **Business Street Address** City, State and Zip Code 2333 CAERLEON RD. - HUC. MGRM BRADHAM, CAROLYN CLEARWATER FL ndooo2871560--**-**5 -05/11/99--01068--001 ****188.75 ****188.75 11 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 it made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to grecute this report as required by Chapter 608, Florida Stalutes, and that my name appears in Block 10, or on an attachment with an address SIGNATURE:

INTICE TO D (10 00)

SIGNATURE AND TYPE FOR PIRATED NAME OF SIGNATURE MANAGERS MEMBER FOR MATAS JE

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