File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 HAR 10 AM 10: 51 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee TALLAHASSEE, FLORIDA \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT # M98000000852** 1a. Principal Place of Business Address TOUCHSTONE CONSTRUCTION COMPANY, L.L.C. 4275 SOUTHSIDE BLVD., SUITE 4 4275 SOUTHSIDE BLVD., SUITE JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 2a. Mailing Address 2. Principal Place of Business 3. Date Organized or Qualified 3a. State of Formation 08/07/1998 TX Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 75-2760080 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zιρ Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office THOMPSON, JACK W 4275 SOUTHSIDE BLVD., SUITE 4 Street Address (P.O. Box Number Is Not Acceptable) JACKSONVILLE FL 32216 **700002810897---5** -03/18/99--01085---008 ****†娘祝振-****188.75 Suite, Apt. #, etc. 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 __ (Brigistered Agent Accepting Apprintment): (NOTE Registered Agent's griature required when reinstating): 10. Title **Business Street Address** Managing Members/Managers City, State and Zip Code 4315 RIPHA ROAD DALLAS TX 75244 MGR COOK, JAMES W MGR THOMPSON, JACK W 28 CAROLINA HIGHWAY PALM COAST 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

ATURE AND TYPED OR PRINTED NAME OF SIGNING MANACIRG MEMBER OR MANACIRG

Daybo e Phare: #

SIGNATURE:

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