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 FHED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS CO / PR 21 PH 5: 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** # M98000001103 1a. Principal Place of Business Address DDMS OF FLORIDA, LLC 17 COMMERCE STREET 17 COMMERCE STREET BALTIMORE MD 21202 BALTIMORE MD 21202 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 09/25/1998 MD Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 52-2145233 City & State City & State APARIX X EIX XEOR Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zin Country Zip Country S8 75 Additional Fee Required 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 Suite, Apt. #, etc. 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 aftermative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE DATE \_ (Registerse Agent Accepting Appendicient). (Nº 11) Registered Agent significancy part being an Ewhen resoluting 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM NABIT, CHARLES J 17 COMMERCE STREET BALTIMORE MD 5050 POPLAR AVE., SUITE 20 MEMPHIS TN MGRM SWATLEY, TERRY K 4daan2859144---- Ф -04/30/99--01131--015 \*\*\*\*188.75

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 Statules, and that my name appears in Block 10, or on an attachment with an address 410-727-

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SIGNATURE: