File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED SECRETARY OF STATE ELORIDA DEPARTMENT DE STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT DIVISION OF CORPORATIONS Secretary of State DIVISION OF CORPORATIONS 99 APR 29 PM 4: 14 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 # M98000001167** 1a. Principal Place of Business Address ROTONDO WEIRICH AND ASSOCIATES, L.L.C. 681 HARLEYSVILLE PIKE 681 HARLEYSVILLE PIKE LEDERACH PA 19450 LEDERACH PA 19450 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 10/09/1998 DESuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3433825 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Ζφ Country Country Zip 58 75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office BUZBEE, JOEL 3455 S.W. 42ND AVENUE Street Address (P.O. Box Number is Not Acceptable) GAINESVILLE FL 32608 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM WEIRICH, STEVE 681 HARLEYSVILLE PIKE LEDERACH PA MGRM ROTONDO, MARIO 681 HARLEYSVILLE PIKE LEDERACH PA MGRM KELLY, LLOYD 4421 NW 39TH AVENUE, BLDG. GAINESVILLE FL MGRM BUZBEE, JOEL 3455 S.W. 42ND AVENUE GAINESVILLE FL 700002868327----05/07/99--01140--022 \*\*\*\*188.75 \*\*\*\*188.75

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attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED CHOMPTED NAME OF SIGNING MANAGING MEMBER CHEMANAGEH

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. Hurther certify that the information inflicated 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 of trustee-empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

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