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 ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 10 Fra 20 13 1:17 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 # M98000001255** 1a. Principal Place of Business Address WINTER GARDEN, LLC 9198 GREENBACK LANE, SUITE 115 9198 GREENBACK LANE, SUITE 1 ORANGEVALE CA 95662 ORANGEVALE CA 95662 3a. State of Formation 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 10/27/1998 NV Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 88-0405151 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Ζıρ Country Zin \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name WEBB, RICHARD S IV 2 NORTH TAMIAMI TRAIL, SUITE 500 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34236 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. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE DATE . (Registered Agent Accepting Appointment) (INOTE Registered Agent signature required whenever its virus) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code 9198 GREENBACK LANE, SUITE ORANGEVALE CA 95662 MGRM WILLIAMS, DALE A #115 9198 GREENBACK LANE, SUITE ORANGEVALE CA 95662 MGRM RITTENHOUSE, DAVID # [15 COCOC2789126--- C -02/26/99--01094--019 ****188.75 ****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 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 attachment with an address. wo SIGNATURE:

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING MANAGING MEMBER OF MANAG