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 FILED Katherine Harris ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** 99 MAR 15 Alt 10: 40 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SECKETARO OF STATE TALLAHASSEE, FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # M98000001301** 1a. Principal Place of Business Address CHECK EXPRESS OF KENTUCKY, LLC 1368 WEMBLY CIRCLE 1368 WEMBLY CIRCLE PORT ORANGE FL 32124 PORT ORANGE FL 32124 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 11/05/1998 KY Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 61-1325204 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zιρ Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent/Office PARRIGAN, RICHARD M 1368 WEMBLY CIRCLE Street Address (P.O. Box Number is Not Acceptable) PORT ORANGE FL 32124 Suite, Apt. #, etc. 200002814532 -03/22/99--01157--006 ****188.75 ****188.75 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): (NOTE: Registered Agent's grature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR PARRIGAN, RICHARD M PORT ORANGE FL 1368 WEMBLY CIRCLE

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. If urther 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

SIGNATURE: MARK PARRIGAN, MANAGING MEMBER SIGNATURE SIGNATURE MID TYPED ON PRINCH ON AN ACCIONAL MANAGING MEMBER CHI MANAGINI

606-477-7771