File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY **Katherine Harris** ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** 99 FFB 25 AM 10: 25 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company DOCUMENT # Z00609 1a. Principal Place of Business Address US, LIMITED COMPANY 2170 SUNNYDALE BLVD. 2170 SUNNYDALE BLVD. SUITE W SUITE W CLEARWATER FL-34625 33765 CLEARWATER FL -34625 33765 3. Date Organized or Qualified 2 Principal Place of Business 2a. Mailing Address 3a. State of Formation 2170 Sunnydale Blvd. 07/06/1992 FT. Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For Suite W City & State City & State 59-3131078 Not Applicable Clearwater, FL 5. Date of Last Report 6. Certificate of Status Desired Ζip \$8.75 Additional Fee Required 33765 02/26/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office SUNUS CORPORATION, 2170 SUNNYDALE BLVD. Street Address (P.O. Box Number is Not Acceptable) SUITE W CLEARWATER FL -34625 - 33765 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). (NOTE: Registered Agent signature, respond when releaseding 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code М SUNUS CORPORATION, 2170 SUNNYDALE BLVD., #W CLEARWATER FL 9400002795429---03/05/99--01014--018 ****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 it made under oath, that I am a managing member or manager of the

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attachment with an address.

SIGNATURE: by:(

DESIGNATED MANAGER FOR US LINITED COMPANY

SUNUS CORPORATION

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

(727) 447-7500