File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. SECRETARY OF STATE DIVISION OF CORPORATIONS LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 HAY 21 PM 4: 20 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 #** L9400000059 1a. Principal Place of Business Address DAVID MAYER, L.C. 2002 GRANT ST. 2002 GRANT ST. HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 3. Date Organized or Qualified 3a. State of Formation 2. Principal Place of Business 2a. Mailing Address 01/31/1994 4. FEI Number Suite, Apt. #, etc. Sulte, Apt. #, etc. Applied For City & State City & State Not Applicable 59-1934035 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country \$8.75 Additional Fee Required 03/05/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name ZIEFER, MAYER Street Address (P.O. Box Number is Not Acceptable) 35952--- 8
-05/27/98--01083--006 2002 GRANT ST. HOLLYWOOD FL 33020 Suite, Apt. #, etc. \*\*\*\*188.75 \*\*\*\*188.75 Zip Code City 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. \_\_ DATE \_\_\_\_ SIGNATURE \_\_\_ (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) Managing Members/Managers **Business Street Address** City, State and Zip Code 10. Title MGR ZIEFER, MAYER 2002 GRANT ST. HOLLYWOOD FL

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 Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE AND THE DO DEFY THE D NAME OF SIGNING MANAGING MEMBER OF MANAGER

4/23/1998

(954) 966-7900

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