FILE NOW: Fee after May 1, will be $588.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 MAY 13 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE	Annual Report $100.00 + $103.75 Corporation Supplemental Fee
$ 203.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L96000001223

PSMM, L.C.
C/O PETER W. FELDMAN
~~777 YAMATO RD SUITE 135~~
BOCA RATON FL ~~33431~~

If above mailing address is incorrect in any way, **line through incorrect information** and enter correction in Block 2a.

1a. Principal Place of Business Address

C/O PETER W. FELDMAN
~~777 YAMATO RD SUITE 135~~
BOCA RATON FL ~~33431~~

2. Principal Place of Business	2a. Mailing Address
7900 GLADES ROAD	7900 GLADES ROAD
Suite, Apt. #, etc.: SUITE 655	Suite, Apt. #, etc.: SUITE 655
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33434 Country: USA	Zip: 33434 Country: USA

3. Date Organized or Qualified	3a. State of Formation
11/18/1996	FL

4. FEI Number: 65-0725695 ☐ Applied For ☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired ☐ $7.5 Additional Fee Required

7. Name and Address of Current Registered Agent

TOLAND, BRUCE J
301 BRICKELL AVE
SUITE 1501
MIAMI FL 33131

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City **FL** 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 _____ DATE _____
(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	FELDMAN, PETER W	~~17032 BROOKWOOD DR~~ 17177 NORTHWAY CIRCLE	~~BOCA RATON FL~~ BOCA RATON, FL 33496
MGRM	FELDMAN, SUSAN	~~17032 BROOKWOOD DR~~ 17177 NORTHWAY CIRCLE	~~BOCA RATON FL~~ BOCA RATON, FL 33496

300002181783---5
-05/16/97--01107--002
****203.75 ****203.75

DBO-14-97

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: Peter W. Feldman PETER W. FELDMAN 5/6/1997 516-479-1377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

INHSE10 R(12-96)