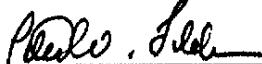


FILE NOW: Fee after May 1, will be \$588.75

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 \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee 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		1a. Principal Place of Business Address 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.				
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified
7900 GLADES ROAD		7900 GLADES ROAD		1/18/1996
Suite, Apt. #, etc. SUITE 655		Suite, Apt. #, etc. SUITE 655		3a. State of Formation FL
City & State BOCA RATON, FL		City & State BOCA RATON, FL		4. FEI Number 65-0725695
Zip 33434		Zip 33434		☐ Applied For ☐ Not Applicable
Country USA		Country USA		5. Date of Last Report
				6. Certificate of Status Desired ☐ See 7. Addition of Fee Required
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent	
TOLAND, BRUCE J 301 BRICKELL AVE SUITE 1501 MIAMI FL 33131			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
3000002181783--5 -05/16/97--01107--002 ****203.75 ****203.75				
JB5-14-97				
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		DATE 06.5.1997 Daytime Phone # 516-479-1377
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #