File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE FILED Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 98 MAR 13 PM 4: 00 **DIVISION OF CORPORATIONS** 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 # L97000000417 1a. Principal Place of Business Address DSS PROPERTIES, L.C. -1520 ROYAL PALM WAY 1520 ROYAL PALM WAY BOCA-RATON FL 33432 BOCA RATON FL 33432 2 Principal Place of Business
128 Casa Loma Blvd
Soundan Baard, Ft 3343
Sulte, Apt. #, etc. 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 728 Casa Loma Blud 04/14/1997 4. FEI Number Suite, Apt. #, etc. Applied For 65-0755726 City & State City & State Not Applicable Bounton Beach, FL Bounton Beach, FL 5. Date of Last Report 6. Certificate of Status Desired Country S8 75 Additional Fee Required 33435 33435 USA 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name SIMON & SIMON CHARTE, RED Street Address (P.O. Box Number is Not Acceptable) 2255 GLADES ROAD SUITE 226-A BOCA RATON FL 33431 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. 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 William G 242 MEM SCAGGS, W.-JOSEPH-1520 ROYAL PALM WAY BOCA RATON FL MEM DUGAN, LORRIE A 17100 FITZROY WAY OLNEY MD 16820 ETHLEWOOD TERRACE MEM SCAGGS, STEVEN M OLNEY MD 1002459589--4 -03/17/98--01057--025 ****188.75 ****188.75

11. Ido hereby certify that the information supplied with this filling 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 expowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

QNING MANAGING MEMBER OR MANAGER

561-833-9584

attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINT