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 FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS on JPB-1 1975:00 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 #** L9700000523 1a. Principal Place of Business Address ROBERTSON & PARTNERS, L.L.C. 855 SOUTH FEDERAL HIGHWAY 855 SOUTH FEDERAL HIGHWAY SUITE 206 SUITE 206 BOCA RATON FL 33432 BOCA RATON FL 33432 3. Date Organized or Qualified 3a. State of For nation 2a. Mailing Address 2 Principal Place of Business 05/14/1997 FI. Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 36-4184612 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country \$8.75 Additional Fee Required 08/24/1998 B. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 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 (Registered Agent Accepting Appointment). (NOTE: Registered Agent signature required when revisit ding) 10. Title Managing Members/Managers Business Street Address City, State and Zip Code 855 SOUTH FEDERAL HIGHWAY BOCA RATON FL ROBERTSON, KENNETH H MGR 600002899776---9 -06/09/99--01077--005 \*\*\*\*588.75 \*\*\*\*588.75

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. If urther 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 eath, that I am a managing member or manager of the fimited liability company or the receiver or trustee ampowered to execute this report as required by Chapter 608. Florida Statutes, and that my name appears in Blk ck 10, or on an attachment with an address.

Dayford Phone #

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