

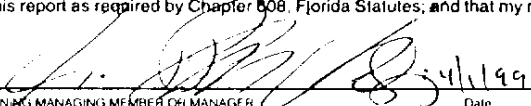


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company JACK'S SQUARE PINCHASI, L.L.C. 916 NORTH BENEDICT CANON ROAD BEVERLY HILLS CA 90210		DOCUMENT # L98000002116	
2. Principal Place of Business 5014 E BUSH BL Suite, Apt. #, etc. City & State TAMPA Zip FL Country 33617		1a. Principal Place of Business Address 916 NORTH BENEDICT CANON ROAD BEVERLY HILLS CA 90210 3. Date Organized or Qualified 10/05/1998 4. FEI Number 95-4707608 5. Date of Last Report 3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent BAKER, PETER 500 EAST KENNEDY BOULEVARD, SUITE 20 TAMPA FL 33602		8. Name and Address of New Registered Agent/Office 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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when terminating)</small>		DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	PINCHASI, ABRAHAM	916 NORTH BENEDICT CANON R	BEVERLY HILLS CA 200002859742--3 -05/03/99--01011--008 ****188.75 ****188.75 
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. 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 508, Florida Statutes, and that my name appears in Block 10, or on an attachment, with an address.			
SIGNATURE: ABE PINCHASI  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #			