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 FILED **Katherine Harris** ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAR 16 AM 9: 36 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SECHETARY OF STATE TALLAHASSEE, PLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 188.75 Name and Mailing Address
I Limited Liability Company **DOCUMENT # M95000000228** 1a. Principal Place of Business Address PONJEB III, L.L.C. LIMITED COMPANY C/O CARCO GROUP, INC. C/O CARCO GROUP, INC. 17 FLOWERFIELD INDUSTRIAL PARK 17 FLOWERFIELD INDUSTRIAL PA ST. JAMES NY 11780 ST. JAMES NY 11780 2 Principal Place of Business 3. Date Organized or Qualified 3a. State of Formation 2a. Mailing Address 08/02/1995 NJSuite, Apt. #, etc. Suite. Apt. #, etc. 4. FEI Number Applied For City & State City & State 11-3274255 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Zip Country Country \$8.75 Additional Fee Required 03/24/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name THE PRENTICE-HALL CORPORATION SYSTEM, 1201 HAYS STREET, SUITE 105 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 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 relief the go 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM O'NEILL, PETER L C/O 17 FLOWERFIELD INDUSTR ST. JAMES NY MGRM BEASLEY, JAMES E C/O 17 FLOWERFIELD INDUSTR ST. JAMES NY 20<mark>0002817542- 8</mark> -03/24/39--01094--017 ****188.75 ****188.75 11. Ido 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.

> Peter L. O'Neill SIGNATURE AND TWED CHEPCHICKNAME OF SCHIPPE MANAGERS AMERICAL MANAGERS

INHSE10 R (12-98)

SIGNATURE: