File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. SLOS FATY OF STATE DEVELOPE OF UT REDIRATIONS LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAR TO MI 9: 52 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address **DOCUMENT** # M97000000746 of Limited Liability Company 1a. Principal Place of Business Address BGK PORTFOLIO I LLC 330 GARFIELD ST., #200 330 GARFIELD ST., #200 SANTA FE NM 87501 SANTA FE NM 87501 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 11/12/1997 NM Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 74-2857224 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country \$8.75 Additional Fee Required 04/15/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office GREENE, ROBERT F Street Address (P.O. Box Number is Not Acceptable) 1301 6TH AVENUE W., #400 BRADENTON FL 34205 Suite, Apt #, etc. Zıp 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

SIGNATURE (Registered Agent Accepting Appointn ent). (NOTE: Registered Agent signature required which reliability gi 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code 330 GARFIELD ST., #200 SANTA FE NM MGR GILBERT, EDWARD M 330 GARFIELD ST., #200 SANTA FE NM MGR KOLBER, FRED BERMAN, ED 330 GARFIELD ST., #200 SANTA FE NM MGR 7dm602803667- ·· -03/12/99--01011--006 \*\*\*\*188,75 \*\*\*\*188.75

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

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. 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 cath, that I arm 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:

as registered agent, and accept the obligations.

GLATURE AND TYPE DICH PRIVILED NAME OF SIGNING MANAGING MEMBRICHE MANAGER

3/2/99

992-5166

Displace Ethories &