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

FILED
99 MAR 26 AM 10:00

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

DOCUMENT # M98000000995

CITPH, LLC
C/O BREW MOON ENTERPRISES INC.
3 BOYLSTON PLACE
BOSTON MA 02116-4602

1a. Principal Place of Business Address

C/O BREW MOON ENTERPRISES IN
3 BOYLSTON PLACE
BOSTON MA 02116

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
145 ROSEMARY ST		09/01/1998	DE
Suite, Apt. #, etc.: SUITE H	Suite, Apt. #, etc.	4. FEI Number	☒ Applied For ☐ Not Applicable
City & State: NEEDHAM MA	City & State	5. Date of Last Report	6. Certificate of Status Desired $8.75 Additional Fee Required ☐
Zip: 02494 3254 Country: USA	Zip / Country		

7. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ 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
MGRM	CITYP VENTURES INC. ,	3 BOYLSTON PLACE	BOSTON MA

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****188.75 ****188.75

dcc

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 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Alan Mirkovs 3-10-99 781 707 2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — DATE — Daytime Phone #

ATTORNEY & AGENT

INHSE10 R (12-98)