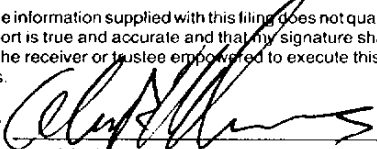


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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				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 Suite, Apt. #, etc. SUITE H City & State NEEDHAM MA Zip 02494 3254		Country USA		09/01/1998		DE	
4. FEI Number				5. Date of Last Report		6. Certificate of Status Desired	
						☒ Applied For ☐ Not Applicable \$8.75 Additional Fee Required ☐	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 terms change)							
10. Title	Managing Members/Managers		Business Street Address		City, State and Zip Code		
MGRM	CITYP VENTURES INC. ,		3 BOYLSTON PLACE		BOSTON MA		
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 MARCUS 3-10-99 781 707 2200							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER							

FILED
99 MAR 26 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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