Fig. on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Han'is ANNUAL REPORT 93 MAR 63 AM 10: 37 Secretary of State DIVISION OF CORPORATIONS 1999 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # M98000001112** 1a. Principal Place of Business Address THE MARKET PLACE OF MELBOURNE, LTD., LLC 10 BROADWAY AVENUE 10 BROADWAY AVENUE CLEVELAND OH 44145 CLEVELAND OH 44145 2 Principal Place of Business 3. Date Organized or Qualified | 3a. State of Formation 20. Mailing Advises 10 Bhoadhay are Suite, Apt. 4. etc. 2525-2625W. New Haven and 09/28/1998 OH 4. FEI Number Applied For 34-187665 5. Date of Last Report Not Applicable 6. Certificate of Status Desired \$8 75 Additional Fee Required 7. Name and Address of Current Registered Agen 8. Name and Address of New Registered Agent/Office PESSES, MARVIN 6430 VIA ROSA Street Address (P.O. Box Number is Not Acceptable) BOCA RATON FL 33433 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 Accessing Appointment). (NOTE: Registered Agent signature regions twice round in not 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM BROADWAY PROPERTIES, I 10 BROADWAY AVENUE CLEVELAND OH 400002825204--- 2 -04/01/99--01038--010 ****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 608, Florida Statutes; and that my name appears in Block 10, or on an

, Pres.

Broadway Properties, Member

MATURIC AND TYPE I COMPONITION NAME OF SI

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SIGNATURE: