

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 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company F.M.B.C. II, L.L.C. 301 YAMATO ROAD, SUITE #2200 BOCA RATON FL 33431		DOCUMENT # M98000001176	
2. Principal Place of Business Pro Player Stadium Suite, Apt. #, etc. 2267 NW 199th Street City & State Miami, Florida Zip 33056 Country USA		2a. Mailing Address Pro Player Stadium Suite, Apt. #, etc. 2267 NW 199th Street City & State Miami, Florida Zip 33056 Country USA	
3. Date Organized or Qualified 10/15/1998		3a. State of Formation DE	
4. FEI Number 22-36-15218 APPLIED FOR		☐ Applied For ☐ Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
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 Zip Code 200002868502-0 05/07/99-01154-016 ****377-50****188.75 FL	
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	F.M.B.C. I, L.L.C.	301 YAMATO ROAD, SUITE #22	BOCA RATON FL
APPROVAL VENDOR EXTNS TOTALS DEPT. OK APPROVAL ACCT. # ACCT. # 232-3338 4/26/99 (305) 626-7400			
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: JOHN W HENRY MANAGING 4/26/99 (305) 626-7400			