FILE NOW: Fee after May 1, will be \$588.75

FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee FILING FEE Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 Name and Mailing Address of Limited Liability Company **DOCUMENT** #19600001101 SECRETARY OF STATE MWR 35 NW 54TH ST, L.C. 419 WEST 49TH STREET 419 WEST 49TH STREET #106 HIALEAH FL 33012-3602 HIALEAH FL 33012 If above mailing address is incorrect in any way, tine through incorrect information and enter correction in Block 2a 2. Principal Place of Business 2a. Malling Address 3. Date Organized or Qualified | 3a. State of Formation 10/16/1996 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 65-0704447 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country 8-75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name 7800 NE 2ND AVE, L.C. 419 WEST 49TH STREET Street Address (P.O. Box Number Is Not Acceptable) #106 HIALEAH FL 33012 Suite, Apt. #, etc City Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Fiorida 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 Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) **Business Street Address** 10. Title Managing Members/Managers City, State and Zip Code 1801 CENTURY PARK EAST #24DLOS ANGELES CA 90067 MGR FISHER, RONALD P 1801 CENTURY PARK EAST #240 LOS ANGELES CA 90067 MGR FISHER, JAMES Q 1801 CENTURY PARK EAST #24 LOS ANGELES CA 90067 MGR FISHER, RICHARD J 500002171905---05/08/97--01118--033 ****203.75 ****203.75 11. I do hereby certify that the information supplied with this filling 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 empoyered 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. JAMES O. FISHER SIGNATURE: Am IGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER OR MANAGER INHSE10 R(12-96)