File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS 98 APR 24 AM 10: 56 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 #** L96000001101 1a. Principal Place of Business Address 35 NW 54TH ST, L.C. 419 WEST 49TH STREET 419 WEST 49TH STREET #106 #106 HIALEAH FL 33012-3602 HIALEAH FL 33012 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 10/16/1996 Suite, Apt. #, etc. Sulte, Apt. #, etc. Applied For City & State City & State Not Applicable 65-0704447 5. Date of Last Report 6. Certificate of Status Desired Country Zio Country \$8.75 Additional Fee Required 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent 7800 NE 2ND AVE, L.C. Street Address (P.O. Box Number is Not Acceptable) 419 WEST 49TH STREET Suite, Apt. #, etc. HIALEAH FL 33012 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 MGR FISHER, RONALD P 1801 CENTURY PARK EAST #24 LOS ANGELES CA MGR FISHER, JAMES Q 1801 CENTURY PARK EAST #24 LOS ANGELES CA MGR FISHER, RICHARD J 1801 CENTURY PARK EAST #24 LOS ANGELES CA 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 empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

Daylime Phone #

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ATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

attachment with an address

SIGNATURE: