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 LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 98 MAY -8 AM 9: 02 DIVISION OF CORPORATIONS 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 #** L97000000046 1a. Principal Place of Business Address 12955 NW 7TH AVENUE, L.C. 419 WEST 49TH STREET 419 WEST 49TH STREET #106 #106 HIALEAH FL 33012-3602 HIALEAH FL 33012 2. Principal Place of Business 2s. Malling Address 3. Date Organized or Qualified | 3a. State of Formation 01/09/1997 4. FEI Number Suite, Apt. #, etc. Sulte, Apt. #, etc. Applied For 65-0722985 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country Zip SB 75 Additional Fee Hequired 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name 7800 NE 2ND AVE, L.C. Street Address (P.O. Box Number is Not Acceptable) 419 WEST 49TH STREET #106 Suite, Apt. #, etc. HIALEAH FL 33012 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 Accepting Approintment) (NOTE Registered Agent signature required when reinstaling) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR FISHER, RONALD P 1801 CENTURY PK EAST #2400 LOS ANGELES CA MGR FISHER, JAMES O 1801 CENTURY PK EAST #2400 LOS ANGELES CA MGR FISHER, RICHARD J 1801 CENTURY PK EAST #2400 LOS ANGELES CA 90002520239---05/12/98--01048--011 ****188.75 ****188.75

11. Ido 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 trustre 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:

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/2 /9x

Daytime Phone #