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 MAY 21 PM 4: 20 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 #** L9500000197 1a. Principal Place of Business Address 1840 NE 153RD ST., L.C. 1840 N.E. 153RD ST. 1840 N.E. 153RD ST. NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 33162 2a. Mailing Address 3. Date Organized or Qualified 2. Principal Place of Business 3a. State of Formation 03/14/1995 4. FEI Number FL Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 65-0606565 6. Certificate of Status Desired 5. Date of Last Report Zip Country Country \$8.75 Additional Fee Required 02/25/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office MERRILL SPIUAK SPIVAK, PHILIP Street Address (P.O. Box Number is Not Acceptable) 1840 NE 153RD ST. 1840 NE 153 STREET NORTH MIAMI BEACH FL 33162 Suite, Apt. #, etc. Zip Code NORTH MIAMI BEACH 33162 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 obligation SIGNATURE, Appendment) (NOTE Registered Agent signature required when reinstaling) Business Street Address City, State and Zip Code 10. Title Managing Members Managers MGRM SPIVAK, MERRILL 1840 N.E. 153RD ST. NORTH MIAMI BEACH FL MGRM SPIVAK, PHYLLIS 1840 N.E. 153RD ST. NORTH MIAMI BEACH FL MGRM SPIVAK, PHILIP NORTH MIAMI BEACH FL 1840 N.E. 153RD ST. 50002536**9**65---05/27/98--01083--007 \*\*\*\*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. If urther 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 exempt this report as sequired by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE** 

DE ALD THE DEPTHEND NAME OF SKINING MANAGING MEMBER OF MANAGER

1/27/98 (305)947-399