File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State FILED 1999 **DIVISION OF CORPORATIONS** 99 MAR - 1 PN 3: 13 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE SEGNETART OF STATE TALLAHASSEE, FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT #** 193000000029 1a. Principal Place of Business Address SILVER FOX L.C. % MANLEY H. THALER % MANLEY H. THALER 700 NORTH OLIVE AVENUE 700 NORTH OLIVE AVENUE W. PALM BEACH FL 33401 W. PALM BEACH FL 33401 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 01/13/1993 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State 65-0379794 City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country \$8.75 Additional Fee Required 04/08/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office THALER, MANLEY H 700 NORTH OLIVE AVENUE Street Address (P.O. Box Number is Not Acceptable) W. PALM BEACH FL 33401 Zip Code City 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 vole of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. DATE: SIGNATURE _ (Registered Agent Accepting Appointment) (NOTE Begishered Agent signature required which remarks or 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code 700 NORTH OLIVE AVENUE MGR THALER, MANLEY H W. PALM BEACH FL 5dana2798695---4 -naznazas--01014--005 ****188.75 ****188.75

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Ffurther 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

DINAME OF SIGNING MANAGED MEMBER OFFMANAGED

SIGNATURE: 6

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