File on or before May 1, 1998 or Limited Liability Company will be

subject to a \$ 400.00 LATE FEE. FILED DIVISION OF CORPORATIONS LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAR 23 PM 3: 58 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Liability Company DOCUMENT # L94000000012 lace of Business Address HLB INVESTMENTS, L.C. 253 SOUTH WOODS ROAD 253 SOUTH WOODS ROAD PALM BEACH FL 33480 PALM BEACH FL 33480 2a. Mailing Address 2. Principal Place of Business 3. Date Organized or Qualified | 3a. State of Formation 01/06/1994 4. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 65-0468480 5. Date of Last Report 6. Certificate of Status Desired Ζip Country Zip Country 58.75 Additional Fee Required 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent PUMA, JEFFREY C. HARRIS, LYNDA J Street Address (P.O. Box Number is Not Acceptable) 515 NORTH FLAGLER DRIVE 6550 N. FEDERAL HIGHWAY 18TH FLOOR Suite, Apt. #, etc. WEST PALM BEACH FL SUITE 340 City Zip Code FORT LAUDERDALE 33308 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 added the obligations. stored Apart Accepting Appointment) (NOTE: Registered Apart signature required when reinstalling) SIGNATURE, **Business Street Address** 10. Title Managing Members/Managers City, State and Zip Code MEM BECK, HOWARD 253 SOUTH WOODS ROAD PALM BEACH FL MEM BECK, DELORES 253 SOUTH WOODS ROAD PALM BEACH FL 500002467155----03/24/98--01102--004

11. I do he by certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information Indicated for 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 ligibility company or the receiver or truetee 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 PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Applied For

Not Applicable

****188.75 ****188.75