File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. THEFT SECRETARY OF STATE DIVISION OF CONFERMATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAR 18 AM 10: 37 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT # 194000000074** Name and Mailing Address of Limited Liability Company RICHARD AND ARLENE BRENNER FAMILY, L.C. 21 SE FIRST AVENUE STE 800 1a. Principal Place of Business Address 21 SE FIRST AVENUE STE 800 MIAMI FL 33131 MIANI FL 33131 aw Pin 3. Date Organized or Qualified 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 02/16/1994  $\mathbf{FL}$ Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 65-0477705 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Ζip Country Country 03/02/1998 \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name BRENNER, RICHARD M 21 SE FIRST AVE Street Address (P.O. Box Number Is Not Acceptable) SUITE 800 MIAM) FL 33131 <del>5000028118715--- E</del> Suite, Apt. #, etc. -03/25/99 -01094 -002 \*\*\*\*। <del>देही त</del>र्रह् 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. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE \_ (Registered Agent Acciping Approximent) (NORL Registered Agents grabue recaded when reset thou 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code BRENNER, RICHARD M 21 SE FIRST AVE. MGR MIAMI FL 11 I do hereby certify that the information supplied with this filing 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 agcurate and that my signadine 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 hustee empowered to experie this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an limited hability company or the receiver or attachment with an address.

SIGNATURE: