File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE FILED LIMITED LIABILITY COMPANY Sandra B. Mortham **ANNUAL REPORT** Secretary of State 98 MAY -1 PH 12: 45 1998 **DIVISION OF CORPORATIONS** SECRETARY OF STATE TALLAHASSEE, FLORIDA FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address
of Limited Liability Company DOCUMENT # 194000000080 1a. Principal Place of Business Address THE SECOND B.F.G. COMPANY, L.C. 3038-C N. FEDERAL HWY 3038-C N. FEDERAL HWY FT LAUDERDALE FL FT LAUDERDALE FL 2a. Mailing Address 2. Principal Place of Business 3. Date Organized or Qualified 3a. State of Formation 02/21/1994 4. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 65-0432962 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent DONALD E. GRANT JR BIVINS, DANIEL W JR Street Address (P.O. Box Number is Not Acceptable) 3038 N FEDERAL HWY 3038-C FT LAUDERDALE FL 33306 Suite, Apt. #, etc. Zip Code 1811 LAUDEROME 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 objections. SIGNATURE DATE (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MEM BIVINS, DANIEL W 3038 N FEDERAL HWY FT LAUDERDALE MEM FOCKE, HENRY R JR 3038 N FEDERAL HWY FT LAUDERDALE MEM GRANT, DONALD E 3038 N FEDERAL HWY FT LAUDERDALE 700002521717--8 -05/13/98--01050--025

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 trustee 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

4/17/98

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Date: