## FILE NOW: Fee after May 1, will be \$588.75

FLORIDA DEPARTMENT OF STATE The Land Control of the Control of t LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State .1997 DIVISION OF CORPORATIONS 97 APR 14 PM 1: 34 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee FILING FEE SECRETARY OF STATE TALLAHASSEE FLORIDA \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT** # L9400000200 1a. Principal Place of Business Address ADVANCE MANAGEMENT GROUP, L.C. 525 SOUTH FLAGLER DR. 525 SOUTH FLAGLER DR. UNIT 22A UNIT 22A WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 05/10/1994 4. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 65-0494269 5. Date of Last Report 8. Certificate of Status Desired Country Country 8 75 Additional Fer Reguned 05/10/1996 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name MOUNTAIN, CHARLES T 525 SOUTH FLAGLER DR. Street Address (P.O. Box Number is Not Acceptable) UNIT 22A WEST PALM BEACH FL 33401 Suite, Apt. #, etc. Zip Code 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 obligations. SIGNATURE DATE (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR MOUNTAIN, CHARLES T 525 SOUTH FLAGLER DR., UNI WEST PALM BEACH FL 700002143427---04/15/97--01046--004 \*\*\*\*203.75 \*\*\*\*203.75 11 Not hereby 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 on this annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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. P.T. MOUNTAIN SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER