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 FILED Secretary of State 1999 DIVISION OF CORPORATIONS CO 80R-9 PH E: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L9400000308 PH HOLDINGS, L.C. 712 CORAL REEF DRIVE 1a. Principal Place of Business Address 712 CORAL REEF DRIVE TAMPA FL 33602 TAMPA FL 33602 2a. Mailing Address 2 Principal Place of Business 3. Date Organized or Qualified 3a. State of Formation 07/07/1994 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 59-3277195 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Zip Country Country S8.75 Additional Fee Required 03/11/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name SCHIFF, GORDON J 400 N PAMPA STREET Street Address (P.O. Box Number Is Not Acceptable) TAMPA FL 33602 Suite Apt # etc City 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. Thereby accept the appointment as registered agent, and accept the obligations SIGNATURE. DATE (Registrast Agent Aungsting Appendicient) (NOTE Registered Agent significancies, and when remaining) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM VAN STARRENBURG, J.J.H 712 CORAL REEF DRIVE TAMPA FL PARA HOLDING, B.V. MGRM 712 CORAL REEF DRIVE TAMPA FL 400002842794-----04/16/39--01100--012 \*\*\*\*188.75 \*\*\*\*188.75 T.J.O. APR / C 1000 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 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 of trustee expowered 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. Wolm J.J.H.M. van Starrenburg 4/7/99 8138867797 SIGNATURE:

CITE CMANDS HER MEMBERS OF MASTACLERS

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