File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAY 14 AM 9: 36 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L94000000575 1a. Principal Place of Business Address J.M.D.N. FINANCE, L.C. % RAYMOND & RAYMOND, P.A. % RAYMOND & RAYMOND, P.A. 1200 N. FEDERAL HWY., STE 41 1200 N. FEDERAL HWY., STE 411 BOCA RATON FL 33432 BOCA RATON FL 33432 3. Date Organized or Qualified 3a. State of Formation 2. Principal Place of Business 2a. Mailing Address 1301 E. Sunrise Blvd. Suite, Apt. #, etc. 10/24/1994 4. FEI Number Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 65-0560384 5. Date of Last Report Ft. Lauderdale, FL 6. Certificate of Status Desired Zip Country S8.76 Additional Fee Hequired 33304 03/24/1997

8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent RAYMOND, JOHN J JR Mr. Michael Jamaloodaen Street Address (P.O. Box Number is Not Acceptable) 1200 N FEDERAL HWY 1301 E. Sunrise Blvd.
Suite, Apt. #, etc. SUITE 411 BOCA RATON FL 33432 Zip Code Ft. Lauderdale 33304 t 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing late of Florida, Supplicitations was authorized by affirmative vote of a majority of the members. I hereby accept the appointment 9. Pursuant to the provisions of Sections 6047416 ar its registered office or registered agent, or both in the as registered agent, and accept the obligati SIGNATURE. (Registered Agent A Managing Members/Manager **Business Street Address** City, State and Zip Code 10. Title MGR JAMALOODEEN, HAROUN 1200 N FEDERAL HWY SUITE 4 BOCA RATON FL 100002525871--5 -05/15/98--01088--022 \*\*\*\*188.75 \*\*\*\*188.75 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. 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 triffied emptywered to effect this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

MANARING MEMBER OR MANAGER

SIGNATURE:

SIGNATURE A