
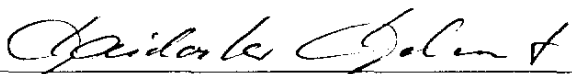


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FEB 17 1999

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|--|---------------------------|---|--|--|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | FILED 99 MAR 18 AM 11:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| FILING FEE \$ 188.75 | | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | |
| 1. Name and Mailing Address of Limited Liability Company G.A.E., L.C. 11380 PROSPERITY FARMS ROAD SUITE 217 PALM BEACH GARDENS FL 33410 | | | | DOCUMENT # L94000000591 | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | | 2a. Mailing Address Suite, Apt. #, etc. City & State Zip | | 1a. Principal Place of Business Address 11380 PROSPERITY FARMS ROAD SUITE 217 PALM BEACH GARDENS FL 33410 | |
| 3. Date Organized or Qualified 11/03/1994 | | 3a. State of Formation FL | | 4. FEI Number 65-0530181 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Date of Last Report 03/30/1998 | | 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/> | | | |
| 7. Name and Address of Current Registered Agent THIEMANN, DIETER A 11380 PROSPERITY FARMS RD. SUITE 217 PALM BEACH GARDENS FL 33410 | | | | 8. Name and Address of New Registered Agent/Office Name 188 77 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL 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 _____ <small>(By Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when tested group)</small> | | | | DATE _____ | |
| 10. Title | Managing Members/Managers | Business Street Address | | City, State and Zip Code | |
| MGRM | FABISCH, HARTMUT | 11380 PROSPERITY FARMS RD. | | PALM BEACH GARDENS F | |
| MGRM | HAIDORFER, HELMUT | 11380 PROSPERITY FARMS RD. | | PALM BEACH GARDENS F | |
| 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 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:  4. March 1999 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY/MANAGER/MEMBER OR MANAGER | | | | | |