File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY & FLORIDA DEPARTMENT OF STATE Katherine Harris The second ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS Office 171 3:53 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 # 194000000628** KB SOUTH, L.C. 12095 NW 39TH ST. 1a. Principal Place of Business Address 12095 NW 39TH ST. CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 11/21/1994 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0538303 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country \$8.75 Additional Fee Required 04/02/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name KNAUER, GILBERT 12085-12095 N.W. 39TH ST. Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS FL 33065 Suite, Apt. #, etc. 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 (Registered Ages); Accepting Appears out). (NOTE: Registered Ages) signature required when not state of **Business Street Address** 10. Title Managing Members/Managers City, State and Zip Code MGR KNAUER, GILBERT 17172 MANDYLYNN CT BOCA RATON FL MEM BUELLER, ALAN 6544 N.W. 39TH TERR. BOCA RATON FL 31 of WAY 6434 N.W. 36TH TERR. MEM NEIDER, MICHAEL BOCA RATON FL 3**0**0002792663~- **0** -03/02/99--01083--014 \*\*\*\*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 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

-611 BERT KNAULR - MGA

954-346-4900

Digt in Phone #

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SIGNATURE