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

LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham **ANNUAL REPORT** Secretary of State FILED 1997 DIVISION OF CORPORATIONS 97 HAR 20 AM 10: 40 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee **FILING FEE** \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT** # L9400000670 1a. Principal Place of Business Address BERJAC L.C. 1101 S. ROGERS CIRCLE 1101 S. ROGERS CIRCLE STE 1 BOCA RATON FL 33487 BOCA RATON FL 33487 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 same 12/07/1994 FL Suite, Apt. #, etc. 4. FEI Number # / City & State Applied For City & State 65-0557695 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip \$8.75 Additional Fee Required 12/20/1996 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent BARTHE, FREDERIC 888 SOUTHEAST & 3RD AVE Street Address (P.O. Box Number is Not Acceptable) 400 FT. LAUDERDALE FL 33316 Suite, Apt. #, etc. Zip Code FL 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 . 03/12/97 (NOTE: Registered Agent signature required when reinstating) (Registered Agent Accepting Appointment) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM OULIE, BERNARD H 17679 WOODVIEW TERRACE BOCA RATON FL MGRM TELIO, JEAN-JACQUES 6400 VIA TIERRA BOCA RATON FL 200002120722--8 -03/21/97--01088--011 \*\*\*\*203.75 \*\*\*\*203.75 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.

Beaund

SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE:

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