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** FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS carabas Ell 5: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee STORINATE SELL Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # 195000000179** 1a. Principal Place of Business Address U-ZONE DADE, L.C. 8280 COLLEGE PARKWAY 8280 COLLEGE PARKWAY #204 #204 FORT MYERS FL 33919 FORT MYERS FL 33919 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 03/07/1995 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0565386 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zφ Country \$8.75 Additional Fee Required 04/13/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office KUSHNER, STEVEN P 1375 JACKSON ST. Street Address (P.O. Box Number is Not Acceptable) TIDEWATER BLDG., STE. 202 FT. MYERS FL 33901 Suite, Apt. #, etc. 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. Hereby accept the appointment as registered agent, and accept the obligations SIGNATURE __ (Registered Agent Amegating Appointment). (NOT): Progisterical Agent signature in quared when renot their 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MEM DELANOIS, GARY 49 TIMBERLAND CIRCLE SOUTH FORT MYERS FL MEM WEIL, CARLOS 16745 PHEASANT COURT FORT MYERS FL 700002856797--\$ -04/29/99--01093--011 ****188.75 ****188.75 11 Ido hereby certify that the information supplied with this filling dops not quality 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 aignature shall have the same logal 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 manter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address SIGNATURE:

INHSE10 R (12-98)