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 A STOR TO THE STATE Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 90 MAR 10 AN 9: 53 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address DOCUMENT # L95000000234 of Limited Liability Company BLACK DIAMOND ADMINISTRATIVE SERVICES, L. 1a. Principal Place of Business Address 540 E. MCNAB ROAD 540 E. MCNAB ROAD SUITE D SUITE D POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 03/23/1995 FLSuite, Apt. #, etc. Suite Ant # etc 4. FEI Number Applied For City & State City & State 65-0574527 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 03/23/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name OATES, DANIEL E ESQ 1500 EAST ATLANTIC BLVD Street Address (P.O. Box Number is Not Acceptable) SUITE B POMPANO BEACH FL 33060 Suite, Apt. #, elc. City Zıp 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. DATE SIGNATURE (Registered Agent Accepting Appointment) (MOTE Begistered Agent signature required when recording 10. Title Managing Members/Managers **Business Street Address** City. State and Zip Code MGR FREDOT, INC. 540 E. MCNAB RD., STE. D POMPANO BEACH FL NGR LORJA, INC. 540 E. MCNAB RU., STE. D POMPANO BEACH FL 100002603281--0 -03/11/99-01119--021 \*\*\*\*188.75 \*\*\*\*188.75 11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same logal effect as if made under oath, that I am a managing member or manager of the limited hability 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

ance 4-Wenter, Member Janice T. Winter 3/1/99

attachment with an address.