File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. Follow Front FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham **ANNUAL REPORT** Secretary of State 98 APR 27 PH 4: 15 1998 **DIVISION OF CORPORATIONS** ECHLIMAY LOSTS. LLAHASSEE, FLORIDA FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Liability Company DOCUMENT # L9500000354 1a. Principal Place of Business Address DAVES, WHALEN, MCHALE & CONSIDINE, L.C. 301 CLEMATIS STREET 301 CLEMATIS STREET SUITE 201 SUITE 201 W. PALM BEACH FL 33401 W. PALM BEACH FL 33401 3a. State of Formatio 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 05/10/1995 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 65-0582329 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country \$8.75 Additional Fee Required 04/24/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office WHALEN, TIMOTHY L 301 CLEMATIS STREET Street Address (P.O. Box Number is Not Acceptable) <u>100002507101-- 9</u> -04/30/98--01104--019 SUITE 201 W. PALM BEACH FL 33401 Suite, Apt. #, etc. ****188.75 ****188.75 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 (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM WHALEN, TIMOTHY L 301 CLEMATIS STREET, SUITE W. PALM BEACH FL MGRM MCHALE, MICHAEL J 301 CLEMATIS STREET, SUITE W. PALM BEACH FL MGRM DAVES, JOEL T 301 CLEMATIS STREET, SUITE W. PALM BEACH FL MGRM CONSIDINE, JOSEPH M 301 CLEMATIS STREET, SUITE W. PALM BEACH FL

11. Ido hereby certify that the information supplied with this filling 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 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:

SIGNATURE AND TYPE IT OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGED

7-24-58