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 STATE PLAY OF STATE PLANE OF CORPORATIONS Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 MIR ID ## 9:53 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 # 195000000355** 1a. Principal Place of Business Address MOBEL INVESTMENTS LIMITED COMPANY 7060 LION'S HEAD LANE 7060 LION'S HEAD LANE BOCA RATON FL 33496 BOCA RATON FL 33496 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 05/11/1995 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0621018 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Ζip Country Country \$8.75 Additional Fee Required 03/16/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office BARTHE, FREDERIC M 888 SE 3RD AVE JIA BRACH SUITE 400 FT LAUDERDALE FL 33316 Zip Code 3300x 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. Thereby accept the appointment as registered agent, and accept the obligations SIGNATURE (4.01). Bug sters (Agent signature required when revisitating (Registered Age LACC) 10. Title City, State and Zip Code Managing Members/Managers **Business Street Address** MGR MOBEL, INC. 7060 LION'S HEAD LANE BOCA RATON FL 500002802795--03/11/99--01080--02% ****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 - Hurther 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 TYPED OR PRINTED NAME OF GOZINE, MANASHO, MEMBERGRIM Daylorse France #

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