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

LIMITED LIABILITY COMPANY FLORIDA BEPATAMENT OF STATE



| FILING FEE | Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee |
|---------------|----------------------------------------------------------------|
| \$ 203.75 | Make Check Payable To: FLORIDA DEPARTMENT OF STATE |
| 1 Name and Ma | |



| ANN | 1997 | | | | | Secretary of Sign OF CORP | State | | 9 | 7 FEB | 24 | AM 11: 06 | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------|--------------------------------------|-------------------------|----------------------------------------------------------|-------------------------------------------|------------------------------------|--------------------------------------------|---------------------------------------------------------|-------------|----------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------|--|
| FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1 Name and Mailing Address of Limited Liability Company DOCUMENT #L95000000357 | | | | | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | | | |
| JCS 777 | PROPI BAYSI | ERTIES, HORE DI ERDALE | RIVE, # | |)3 | | | 77 | | SHOR | E DR | Address IVE, # FL 3330 | | |
| 2 Principal Pla | • | | | | Information and enter correction in Block 2a. ng Address | | | | 3. Date Organized or Qualified 3a. State of Formation | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | 05/11/1995 FL Applied For | | | | | | |
| City & State | | | | City & State | | | | | APPLIED FOR Not Applicable | | | | | |
| Zıp | p Country Zip | | | Country | | | 5. Date of Last Report 02/26/1.996 | | | | 6. Certificate of Status Desired 88.75 Additional Lec Required | | | |
| ······································ | 7. Name a | ind Address o | of Current Re | gistered | Ageni | | | | | | 1 New Ro | Registered Agent | | |
| | o the provision | ons of Sections tered agent, or coept the oblig | s 608.416 and both, in the Stations. | 608.508, ate of Flor | ida. Su | ch change was a | uthorized by affirm | d liabi | E)E | y submits | PL this state | 9875 /97011 /1.75 # Zip Code | | |
| 10. Title | Mana | (Flegistered Agi aging Member | | intment) (N | OTE Reg | | s Street Address | | , ,,, - · · · · · · · · · · · · · · · · | | City | , State and Zip | Code | |
| MGRM ST | EIN, | | | | • | BAYSHOR | E DRIVE, | # | | | LAU | DERDALE | : FL | |
| indicated on th | nis annual rep company or | port is true and the receiver of is. | accurate and | that my s wered to | ignatur execute | e shall have the a e this report as re | same legal effect s | ıs if m | ade under of | ath; that i | am a ma | ınaging membel | that the information r or manager of the Block 10, or on an | |

| SIGN | JTAI | JRE |
|------|------|-----|
|------|------|-----|

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #