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

LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 FILED **DIVISION OF CORPORATIONS** FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee 97 APR 11 AM 9: 52 Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 Name and Mailing Address of Limited Liability Company **DOCUMENT #**L9500000359 SECRETARY OF STATE PARK VIEW TOWERS, I.C. 9200 S. DADELAND BLVD. 9200 S. DADELAND BLVD. SUITE 609 MIAMI FL 33156 BUITE -609 500 MIAMI FL 33156 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 3. Date Organized or Qualified 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 05/09/1995 Suite, Apt. #, etc. 4. FE Number Applied For City & State 65-0580867 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired 5ft 75 Additional Fee Required <u>03/06/1996</u> B. Name and Address of New Registered Agent 7. Name and Address of Current Registered Agent KEY CORPORATE SERVICES, INC. POO S. BISCAYNE BLVD. Street Address (P.O. Box Number is Not Acceptable) 20TH FLOOR MIAMI FL 33131 Suite, Apt. #, etc. 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 FOULTYLINE FINANCIAL G 4200 S. DADELAND BLVD., SU MIAMI FL MGRM MGRM 45 BUCKINGHAM STRE gudy Capital Fund I, W. 9200 South Bakeland Bluel
Stuffe 500
Miani, FL 33/56 16RM 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. I further 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: SO SAUFE AND TYPED OF PHINTED NAME OF SIGNING MANAGING MEMBER OR MANAGES INHSE10 R(12-96)