or before May 1, 1999 or Limited Liability Company will be File &t to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR 12 PN 3: 52 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SECRETANT OF STATE FALLAHASSEE, FLORIDA \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # 195000000378** a. Principal Place of Business Address TRILOGY PARTNERS, 3835 NW 52ND ST. 3835 NW 52ND ST. 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 05/15/1995 FLSuite, Apt. #, etc. Suite, Apt #, etc 4. FEI Number Applied For City & State City & State 65-0580453 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country 06/01/1998 \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office COOPER, ROBERT G 3835 NW 52ND ST. Street Address (P.O. Box Number is Not Acceptable) BOCA PATON FL 33496 20000002844342---04/20/39-01003-006 Suite, Apt. #, etc ****188,75 ****188。<u>7</u>3 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 _ DATE (Registron Agent Accepting Appointment) (DERE Registron Agent sign and regional whom is next of Managing Members/Managers **Business Street Address** City, State and Zip Code COOPER, ROBERT G MGRM 3835 NW 52ND ST. BOCA RATON FL MGRM COOPER, LOKE B 3835 NW 52ND ST. BOCA RATON FL n supplied with this filipe does ualify for the exemption stated in Section 1.19.07(3) (i), Florida Statutes. I further certify that the information shall have the same legal effect as if made under oath, that I am a managing member or manager of the his report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an 11. I do hereby certify that the info indicated on this annual report i true : nd accurate and that, limited liability company or the attachment with an address. March 16 499 SIGNATURE:

INHSE10 R (12-98)