File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE Pro P Pro Pro LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 98 APR 27 PM 4:12 1998 **DIVISION OF CORPORATIONS** FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L9500000714 1a. Principal Place of Business Address THE HIGH C'S, L.C. 2716 OAKBROOK MANOR 2716 OAKBROOK MANOR FT- LAUDERDALE FL 33332 FT. LAUDERDALE FL 33332 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 09/12/1995 4. FEI Number FLSulte, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 65-0615350 WESTON WESTON 5. Date of Last Report 6. Certificate of Status Desired Country \$8.75 Additional Fee Hequired 02/17/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name MURPHY, THOMAS S Street Address (P.O. Box Number is Not Acceptable) 2716 OAKBROOK MANOR FT. LAUDERDALE FL 33332 300002507<u>103</u> Suite, Apt. #, etc. 04/30/98--01104--021 \*\*\*\*188.75 \*\*\*\*188.75 Zip Code WESTON 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. (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code WESTON FT. LAUDERDALE FL MEM MURPHY, THOMAS S 2716 OAKBROOK MANOR MEM MURPHY, BRIAN J 5116 SW 57 AVENUE MIAMI FL

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 Ilmited 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: Thomas J. Mulby EA 4/24/98 (954) 389-2645