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

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

APPROVED AND FILED 1997 HAY -1 AM 10: 32 Secretary of State 1997 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee **FILING FEE** \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT** # L9500000816 1a. Principal Place of Business Address BIMBCO, L.C. 1274-WATERVIEW-CT 1274 WATERVIEW CT FT LAUDERDALE FL 33226 FT HAUDERDALE FL 33326 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation MONAN 10/24/1995 FL Suite Apt #, etc. 4. FEI Number Applied For City & State City & State 65-0642302 Not Applicable WESTON 5. Date of Last Report 8. Certificate of Status Desired Country S8.75 Additional Fee Required 03/07/1996 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name GROSS, STEWART F 1274 WATERVIEW CT Street Address (P.O. Box Number la Not Acceptable) FT LAUDERDALE FL 33326 Sulte, Apt. #, etc. Zip Code 9. Pursuant to the provision of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing istered 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 its registered office as registered ager e obligations. **SIGNATURE** DATE ed Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code GROSS, STEWART F MGR 1274 WATERVIEW CT FT LAUDERDALE 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 limited liability company or the receiper 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER