File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED SECRETARY OF STATE DIVISION OF CORPORATIONS LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** 98 MAR -6 PM 2: 11 FILING FEE | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L95000000816 1a. Principal Place of Business Address BIMBCO, L.C. 2470 POINCIANA CRT 2470 POINCIANA CRT WESTON FL 33327 WESTON FL 33327 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 10/24/1995 4. FEI Number Sulte, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 65-0642302 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country s8.75 Additional Fee Required. 05/01/1997 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent GROSS, STEWART F Street Address (P.O. Box Number is Not Acceptable) 1274 WATERVIEW CT 2470 POINCIANA COUR FT LAUDERDALE FL 33326 Zip Code WESTON 33327 9. Pursuant to the provisions of Sections 698.416 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. tored Agont Accepting Appointment) (NOTE: Registered Agent signature required when reinstaling) 10. Title **Business Street Address** City, State and Zip Code Managing Members/Managers 2470 POINCHAIN COUNT WESTONIFL 33327 MGR GROSS, STEWART F 600002453136<del>\_\_</del>4 -03/10/98--01100--010 \*\*\*\*188.75 \*\*\*\*188.75 11. Ido hereby certify that the information supplied with this tring ches 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 thus the impowered 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:

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

Daylime Phone #