File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** 98 MAR -6 PM 2: 09 FILING FEE | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Liability Company **DOCUMENT #** L95000000817 1a. Principal Place of Business Address 144, L.C. 2470 POINCIUNA CRT 2470 POINCIONA CRT WESTON FL 33327 WESTON FL 33327 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 2470 POINCIANA COURT Sulte, Apr. #, otc. 10/24/1995 4. FEI Number Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 65-0642300 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country S8.75 Additional Fee Required 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 POINCIANIA COURT FT LAUDERDALE FL 33326 Zip Code 9. Pursuant to the provisions of Septions 608.416 and 608.508, Fiorida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Fiorida. 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 ed Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstalling) **Business Street Address** 10. Title Managing Members/Managers City, State and Zip Code 2470 POINCIANA COUNT 1274 WATERVIEW CT WESTON, FL 3332 MGR GROSS, STEWART F 200002453132--03/10/98--01100--008 ****188.75 ****188.75 11. Ido hereby certify that the information supplied with the filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther 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 eath; that I am a managing member or manager of the limited liability company or the receiver or postery empowered to execute this eport as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

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

SIGNATURE: