


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

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|---|---------------------------|--|---|---|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1997 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| FILING FEE \$ 203.75 | | Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | |
| 1. Name and Mailing Address of Limited Liability Company | | DOCUMENT # L95000000865 | | | |
| LHP, LC 9942 NW 6TH PLACE PLANTATION FL 33324 | | 1a. Principal Place of Business Address 9942 NW 6TH PLACE PLANTATION FL 33324 | | | |
| If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. | | | | | |
| 2. Principal Place of Business _____ Suite, Apt. #, etc. | | 2a. Mailing Address _____ Suite, Apt. #, etc. | | 3. Date Organized or Qualified 11/08/1995 | |
| City & State _____ | | City & State _____ | | 3a. State of Formation FL | |
| Zip _____ | | Country _____ | | 4. FEI Number 65-0631415 | |
| | | | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Date of Last Report 04/15/1996 | |
| | | | | 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/> | |
| 7. Name and Address of Current Registered Agent HARRIS, ROBERT 9942 NW 6TH PLACE PLANTATION FL 33324 | | | 8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL 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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) | | | | | |
| 10. Title | Managing Members/Managers | Business Street Address | | City, State and Zip Code | |
| MGRM | LANG, DANIEL L | 211 EAST 70TH STREET APT. ^{APT. 33D} | | NEW YORK NY 10021 | |
| MGRM | HARRIS, ROBERT F | 9942 NW 6 PLACE | | PLANTATION FL 33324 | |
| | | | | 700002152397--5 -04/23/97--01092--026 ****203.75 ****203.75 | |
| 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), 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 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:  | | 4/18/97 954 9674916 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER | | Date | | Daytime Phone # | |