File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. Fr H. R. D. LIMITED LIABILITY COMPANY & FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 98 APR 13 AM 10:31 1998 DIVISION OF CORPORATIONS . FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 188.75 Name and Mailing Address of Limited Liability Company **DOCUMENT #** L95000000979 1a. Principal Place of Business Address APACHE HAWKER, L.C. 340 ROYAL PALM WAY 340 ROYAL PALM WAY 3RD FLOOR 3RD FLOOR PALM BEACH FL 33480 PALM BEACH FL 33480 3. Date Organized or Qualified 2. Principal Place of Business 2a. Malling Address 3a. State of Form 12/20/1995 4. FEI Number FL Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 65-0627662 5. Date of Last Report 6. Certificate of Status Desired Zip Zip Country Country \$8.75 Additional Lee Required 6. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Name CHOPIN, L. FRANK CHOPIN, MILLER & YUDENFREUND Street Address (P.O. Box Number is Not Acceptable) 440 ROYAK PALM WAY, STE. 200 Suite, Apt. #, etc. PALM BEACH FL 33480 300002490543 City 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 (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 COOK, EDWARD W 340 ROYAL PALM WAY, 3RD FI PALM BEACH FL MGRM COOK, PATRICIA L 340 ROYAL PALM WAY, 3RD FL PALM BEACH FL

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.

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

SIGNATURE:

Mark W. Cook
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

5/30/98 (561)837-867