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 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAR -2 PM 2: 08 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L9600000180 14.313 1a. Principal Place of Business Address BRENNAN CUSTOM HOMES, L.C. 255 SUNRISE AVENUE 255 SUNRISE AVENUE #200 #200 PALM BEACH FL 33480 PALM BEACH FL 33480 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 02/12/1996 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 65-0647985 5. Date of Last Report 6. Certificate of Status Desired Country Country Ζiρ 58-75 Additional Fee Required 04/28/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office BENITZ, TIM Street Address (P.O. Box Number is Not Acceptable) C/O BRENNAN CUSTOM HOMES, L.C. 255 SUNRISE AVENUE, #200 RECEIVED PALM BEACH FL 33480 Suite, Apt. #, etc. FEB 2.3 1998 Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statute 1 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 Statute 1 and experiment as registered agent, and accept the obligations.

BRENNERS. 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 MGR BRENNAN, JOSEPH F 113 DUPONT STREET, SUITE 2 TORONTO, ONT M5R1V4 113 DUPONT STREET, SUITE 2 TORONTO, ONT M5R1V4 MGR GREENGLASS, DANIEL J MGR BENITZ, TIMOTHY 246 SEMINOLE AVENUE PALM BEACH FL 600002452036--7 -03/10/98--01039--016 ****188.75 ****188.75

SIGNATURE: SIGNATURE AND STORPRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Date Description of Phone of

attachment with an address.

11. Ido 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 receiver of trustee empoyered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an