2nd and File on or before Sept. 30, 1998 or Limited Liability Company will be FINAL NOTICE: dissolved. If dissolved, minimum amount due to reinstate: \$688.75 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 AUG 10 AM 8: 41 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee \$ 588.75 | Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liebility Company DOCUMENT # L96000000381 1a. Principal Place of Business Address ZINGG HOMES, L.C. 7270 NW 12TH STREET, PH-1 7270 NW 12TH STREET, PH-1 MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 04/01/1996 4. FEI Number Suite, Apl. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 65-0660841 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 03/03/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office BRODIE, SIDNEY Z Street Address (P.O. Box Number is Not Acceptable) 7270 NW 12TH STREET, PH-1 MIAMI FL 33126 Suite, Apt. #, etc. 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 agont, 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) Managing Members/Managers 10. Title **Business Street Address** City, State and Zip Code 7270 NW 12TH STREET, PH-1 MIAMI FL ZINGG, HERMANN MGRM 000002616250--3 -08/14/98--01049--018 ****\$88.75 ****\$88.75

1 . Ido hereby certify that the information supplies 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 or trust of empowered to execute this report as required by Chapter 608, Florida Statutes; and that finy name appears in Block 10, or on an attachment with an address.

SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Daytime Phone #