File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY FILED Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR 13 PH 1: 39 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SE CHE PART DE L'ARIBA TALLAHASSEE, FLORIBA Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # L96000000399** 1a. Principal Place of Business Address ARBOR CAPITAL MANAGEMENT, L.C. 1001 NORTH US HIGHWAY ONE STE 400 1001 NORTH US HIGHWAY ONE ST JUPITER FL 33477 JUPITER FL 33477 3. Date Organized or Qualified | 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 04/03/1996 FLSuite Apt. #, etc. Suite Ant # etc 4. FET Number Applied For City & State City & State 65-0669648 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 04/20/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name COLUCCI, ANTHONY J JR. 1001 NORTH US HIGHWAY ONE STE 400 Street Address (P.O. Box Number is Not Acceptable) JUPITER FL 33477 00000028:47980-04/22/93:01097--005 ****188.75 ****188.7 Zip Code 9. Pursuant to the provisions of Sections 608 416 and 608 508, Florida Statutos, 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. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (High Seed Area) A regiong Appliation to 14 off Heigher (Applies produce a present as a factor 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM MCGOWAN, LAWRENCE T 1001 NORTH US HIGHWAY ONE JUPITER FL MGRM COLE, GERALD T 1001 NORTH US HIGHWAY ONE JUPITER FL 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. 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 oath, that I am a managing member or manager of the feet of the legal of the same true and accurate and of the same true and limited liability company or the receiver or trustee freg to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

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attachment with an address.