File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAR -5 PM 3: 03 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Liability Company **DOCUMENT #** L9600000543 RUSSIAN AMERICAN TECHNOLOGY INVENTIONS, L. 1a. Principal Place of Business Address 7330 WESTMORELAND DR. 7330 WESTMORELAND DR. SARASOTA FL 34243 SARASOTA FL 34243 2. Principal Place of Business 2a. Malling Address 3. Date Organized or Qualified | 3a. State of Formation 05/14/1996 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 1. FEI Number 9988 Applied For City & State City & State APPLIED FOR Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Ζiρ Country Zip 58-75 Additional Fee Required <u> 10/01/1997</u> 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office GRANT, WILLIAM B 7330 WESTMORELAND DR. Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34243 Suite Apt. #, etc. 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 MGR GRANT, WILLIAM B 7330 WESTMORELAND DR. SARASOTA FL 700002449867---03/09/98--01006--007 Gentlemenn Place note that FEI Number

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Feb 24,1998

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