File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris ANNUAL REPORT FILED Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAR 15 AM 10: 40 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARO OF STATE TALLAHASSEE, FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT # 196000000602** 1a. Principal Place of Business Address PUMP BY THE SEA L.C. 4353 NORTH OCEAN DR. 4353 NORTH OCEAN DR. LAUDERDALE BY THE SEA FL 33308 LAUDERDALE BY THE SEA FL 333 2 Principal Place of Business 3. Date Organized or Qualified 3a. State of Formation 2a. Mailing Address 05/31/1996 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0679639 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country Žιρ \$8.75 Additional Fee Required 07/22/1998 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent/Office MONTELLO, LOUIS R 701 BRICKELL AVENUE Street Address (P.O. Box Number is Not Acceptable) **SUITE 1200** <u> 2000002814732--</u> MIAMI FL -03/23/99 --01017---023 \*\*\*\*188,75 \*\*\*\*188,79 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. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE DATE (Registered Agent Accepting Appoir Inject). (NOTs: Registered Agent separation as pared when he standard 10∢Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM J.A.A.I. CORP., 9733 ARBOR OAKS LANE #201 BOCA RATON FL MGRM MAJOR AMERICAN MARKE, 6318 N.W. 23RD STREET BOCA RATON FL 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. 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 it 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

MERIBERTON MANAGER

attachment with an address