

FILE NOW: Fee after May 1, will be \$588.75

APPROVED  
AND  
FILED

97 FEB 17 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                                                                                                                                                                                                                          |                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| LIMITED LIABILITY COMPANY<br>ANNUAL REPORT<br>1997                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           | <br>FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS                                                           |                                                                                                                            |
| <b>FILING FEE</b><br>\$ 203.75                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           | Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee<br><b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>                                                                                                                              |                                                                                                                            |
| 1. Name and Mailing Address of Limited Liability Company<br><b>BLOCH &amp; MINERLEY, P.L.<br/>2101 CORPORATE BOULEVARD N.W. #101<br/>BOCA RATON FL 33431</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           | <b>DOCUMENT # L96000000970</b>                                                                                                                                                                                                                           |                                                                                                                            |
| 1a. Principal Place of Business Address<br><b>2101 CORPORATE BOULEVARD N.W.<br/>BOCA RATON FL 33431</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |                                                                                                                                                                                                                                                          |                                                                                                                            |
| If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                                                                                                                                                                                                                                                          |                                                                                                                            |
| 2. Principal Place of Business<br><b>980 N. Federal Highway<br/>Suite, Apt. #, etc.<br/>Suite 205<br/>City &amp; State<br/>Boca Raton, FL<br/>Zip<br/>33432</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           | 2a. Mailing Address<br><b>980 N. Federal Highway<br/>Suite, Apt. #, etc.<br/>Suite 205<br/>City &amp; State<br/>Boca Raton, FL<br/>Zip<br/>33432</b>                                                                                                     |                                                                                                                            |
| 3. Date Organized or Qualified<br><b>09/16/1996</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           | 3a. State of Formation<br><b>FL</b>                                                                                                                                                                                                                      |                                                                                                                            |
| 4. FEI Number<br><b>65-0696398</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                          |                                                                                                                            |
| 5. Date of Last Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           | 6. Certificate of Status Desired<br><input checked="" type="checkbox"/> Additional Fee Required                                                                                                                                                          |                                                                                                                            |
| 7. Name and Address of Current Registered Agent<br><b>BLOCH, STUART E<br/>6268 VIA PALLADIUM<br/>BOCA RATON FL 33433</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           | 8. Name and Address of New Registered Agent<br><b>Name<br/>Stuart E. Bloch<br/>Street Address (P.O. Box Number is Not Acceptable)<br/>980 N. Federal Highway<br/>Suite, Apt. #, etc.<br/>Suite 205<br/>City<br/>Boca Raton<br/>Zip Code<br/>FL 33432</b> |                                                                                                                            |
| 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.<br><b>SIGNATURE</b> <i>Stuart E. Bloch</i> <b>DATE</b> <b>2/11/97</b><br>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)                                                                                                                                                                            |                           |                                                                                                                                                                                                                                                          |                                                                                                                            |
| 10. Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Managing Members/Managers | Business Street Address                                                                                                                                                                                                                                  | City, State and Zip Code                                                                                                   |
| MGRM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | BLOCH, STUART E           | 6268 VIA PALLADIUM                                                                                                                                                                                                                                       | BOCA RATON FL                                                                                                              |
| MGRM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MINERLEY, KENNETH L       | 738 PEACH TREE LANE                                                                                                                                                                                                                                      | BOCA RATON FL                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                                                                                                                                                                                                                          | <b>300002091783--4</b><br><b>-02/19/97--01049--001</b><br><b>****212.50 ****212.50</b><br><i>A. Dean</i><br><b>2/17/97</b> |
| 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. 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 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.<br><b>SIGNATURE:</b> <i>Stuart E. Bloch</i> <b>2/11/97</b> <b>(661)362-6699</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Digitized Name |                           |                                                                                                                                                                                                                                                          |                                                                                                                            |