File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE LIMITED LIABILITY COMPANY 🔏 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham , ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** 98 MAY 18 PM 4: 15 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 188.75 Name and Mailing Address of Limited Liability Company **DOCUMENT #** L96000001091 1a. Principal Place of Business Address PYT, L.C. 3132 FORTUNE WAY -3132 FORTUNE WAY WELLINGTON FL 33414 WELLINGTON FL 33414 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 11260 FORTUNE CIRCLE Suite, Apt. #, etc. 10/16/1996 4. FEI Number Applied For City & State Not Applicable 65-0705085 5. Date of Last Report 6. Certificate of Status Desired Zip Country \$8.75 Additional Fee Required 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent PAUL ZACHMAN ZACHMAN, PAUL Street Address (P.O. Box Number is Not Acceptable) 3132 FORTUNE WAY 11260 FORTUNE CIRCLE D - 27WELLINGTON FL 33414 Zip Code WELLINGTON 33*414* 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. 4-29-98 pointmont) (NOTE Registered Agent signature required when reinstating) SIGNATURE 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM VERA WANG BRIDAL HOUSE 225 WEST 39TH STREET NEW YORK NY 10018 MGRM BECKER, VERA WANG 225 WEST 39TH STREET NEW YORK NY 10018 MGRM HAZZARD, CHET 225 WEST 39TH STREET NEW YORK NY 10018 MGRM ZACHMAN, PAUL 11260 FORTUNE CIRCLE, J4 Wellington, Fl 33414 700002530827-----05/20/98--01113--013 \*\*\*\*188.75 \*\*\*\*188.75 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. I further certify that the information

SIGNATURE:

attachmen with an address.

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AUL ZACHMAN

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 similed liability company or the receiver or rules the empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

4-29-98 561-79266

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