JAPPROVED: 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L96000001091 1. Entity Name 00 APR 29 PM 2: 32 PYT. L.C. SECRETARY OF STATE JALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 11260 FORTUNE CIRCLE, SUITE J-4 11260 FORTUNE CIRCLE, SUITE J-4 WELLINGTON FL 33414-8756 WELLINGTON FL 33414 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE WWW Applied For City & State City & State 4. FEI Number 65-0705085 Not Applicable \$5.00 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent------6.-Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) ZACHMAN, PAUL 11260 FORTUNE CIRCLE, SUITE J-4 FORTUNE WELLINGTON FL 33414 ELLINGTON ibmits his statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida. NEIL SIGNATURE Signature FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES Change Addition MGRM Oelete TITLE TITLE 500003256695 -05/18/00--01017--VERA WANG BRIDAL HOUSE, LTD NAME NAME STREET ADDRESS 225 WEST 39TH STREET STAFFT ANDRESS **NEW YORK NY 10018** CITY- 2T- 7IP <u>****</u>50<u>.0</u>8 *****50.0<u>0</u> Addition ☐ Delete TITLE MGRM BECKER, VERA WANG STREET ADDRESS 225 WEST 39TH STREET CITY- 27-21P NEW YORK, NY 10018 Change Addition ☐ Deteta MGRM NAME HAZZARD, CHET STREET ADDRESS

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE MAME STREET ADDRESS 225 WEST 39TH STREET CITY-8T-ZIP CITY- 81- 21P **NEW YORK NY 10018** Allicition . 4 Teleson Change TITLE TITLE MGRM HOWARD, NAME MAME ZACHMAN, PAUL 11260 FORTUNE CIR J-4 STREET ADDRESS STREET ADDRESS 11260 FORTUNE CIRCLE, SUITE J-4 CITY-ST-ZIP WELLINGTON CITY-ST-ZIP **WELLINGTON FL 33414** Addition TITLE TITLE ☐ Deleta MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P

11. I 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 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 is required by Chapter 608. Florida Statutes.

4/25/00 (561) 792-6601