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

FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 97 MAY - 1 AM 11:53 DIVISION OF CORPORATIONS **FILING FEE** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee SECRETARY OF STATE TALLAHASSEE, FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 Name and Mailing Address of Limited Lability Company **DOCUMENT** #196000001163 1s. Principal Place of Business Address DEMARKA ASSOCIATES L.L.C. 7141 LIONS HEAD LANE 7141 LIONS HEAD LANE BOCA RATON FL 33496 BOCA RATON FL 33496 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 1/04/1996 Suite, Apl. #, etc. Suite, Apt. #, etc. 4. FEI Number 65-0727373 City 8 State City & State 5. Date of Last Report 6. Certificate of Status Desired Country Zip st 75 Additional Lec Regimed 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent GOLDBERG, EARL I 7141 LIONS HEAD LANE Street Address (P.O. Box Number is Not Acceptable) BOCA RATON FL 33496 Sulte, 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 (Flogistered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstaling) **Business Street Address** City, State and Zip Code 10. Title Managing Members/Managers MEM GOLDBERG, EARL I 7141 LIONS HEAD LANE BOCA RATON FL 600002172996--1 -05/09/97--01075--011 \*\*\*\*203.75 \*\*\*\*203.75

Applied For

Not Applicable

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), Fiorida Statutes. Hurther certify that the information indicated on this annual report is true and accurate and that my supporture 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 muster empowered to execute this report as required by Chapter 608, Florida Statutes; and that my mame appears in Block 10, or on an attachment with an address.

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

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