File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT FILED Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAR -1 PM 3: 15 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE SEGRETARY OF STATE TALLAHASSEE, FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT # L96000001163** 1a. 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 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 11/04/1996 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0727373 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zıp Zip Country Country \$8.75 Additional Fee Required 03/11/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name GOLDBERG, EARL I 7141 LIONS HEAD LANE Street Address (P.O. Box Number is Not Acceptable) BOCA RATON FL 33496 Suite, Apt. #, etc. Zip Code City 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 \_ (Registered Agent Am ephing App interier) (ROTE To goden al Alphit explanation and another op-10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MEM GOLDBERG, EARL I 7141 LIONS HEAD LANE BOCA RATON FL 100002798191--- 8 -03/03/93--01129--024 \*\*\*\*188.75 \*\*\*\*188.75

11. To 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 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 the processor of the statutes, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Lake I bold Ball Manager of the lake I below the processor of the statutes and that my name appears in Block 10, or on an attachment with an address.