


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                                                                                   |                                                    |                                                                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| LIMITED LIABILITY COMPANY<br>ANNUAL REPORT<br>1999                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |                                                  |                                                    | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>FILING FEE \$ 188.75</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           | <b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b><br><b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b> |                                                    |                                                                                                          |  |
| 1. Name and Mailing Address of Limited Liability Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           | <b>DOCUMENT # L96000001252</b>                                                                                                    |                                                    | 1a. Principal Place of Business Address                                                                  |  |
| METROPOLITAN CONSTRUCTION SERVICES, L.C.<br>3220 MONET DRIVE W.<br>PALM BEACH GARDENS FL 33410                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                                                                                                   |                                                    | 3220 MONET DRIVE W.<br>PALM BEACH GARDENS FL 33410                                                       |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           | 2a. Mailing Address                                                                                                               |                                                    | 3. Date Organized or Qualified                                                                           |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | Suite, Apt. #, etc.                                                                                                               |                                                    | 12/02/1996                                                                                               |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           | City & State                                                                                                                      |                                                    | 3a. State of Formation                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | Country                                                                                                                           |                                                    | FL                                                                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                                                                                   |                                                    | 4. FEI Number                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                                                                                   |                                                    | 65-0717543                                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                                                                                   |                                                    | <input type="checkbox"/> Applied For                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                                                                                   |                                                    | <input type="checkbox"/> Not Applicable                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                                                                                   |                                                    | 5. Date of Last Report                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                                                                                   |                                                    | 03/02/1998                                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                                                                                   |                                                    | 6. Certificate of Status Desired                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                                                                                   |                                                    | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required                                       |  |
| 7. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                                                                                   | 8. Name and Address of New Registered Agent/Office |                                                                                                          |  |
| SHIPPER, IRWIN W<br>3220 MONET DR W<br>PALM BEACH GARDENS FL 33410                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |                                                                                                                                   | Name                                               |                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                                                                                   | Street Address (P.O. Box Number is Not Acceptable) |                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                                                                                   | Suite, Apt. #, etc.                                |                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                                                                                   | City                                               |                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                                                                                   | Zip Code                                           |                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                                                                                   | FL                                                 |                                                                                                          |  |
| 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 _____                                                                                               |  |
| <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature required when agent is a corp.)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                                                                                                                                   |                                                    |                                                                                                          |  |
| 10. Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Managing Members/Managers | Business Street Address                                                                                                           | City, State and Zip Code                           |                                                                                                          |  |
| MEM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SHIPPER, IRWIN            | 3220 MONET DRIVE W.                                                                                                               | PALM BEACH GARDENS FL                              |                                                                                                          |  |
| MEM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SHIPPER, DAVID            | 3220 MONET DRIVE W.                                                                                                               | PALM BEACH GARDENS FL                              |                                                                                                          |  |
| <p>200002800202-3<br/>-03/08/99--01095--019<br/>****188.75 ****188.75</p> <p style="text-align: right;"><i>alce</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                                                                                                                                   |                                                    |                                                                                                          |  |
| 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. |                           |                                                                                                                                   |                                                    |                                                                                                          |  |
| SIGNATURE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           | 2/2/99                                                                                                                            |                                                    |                                                                                                          |  |
| <small>SIGNATURE ACCEPTABLE OFFERED IN NAME OF SECRETARY OF STATE FOR LIMITED LIABILITY COMPANY</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                                                                                                                                   |                                                    |                                                                                                          |  |

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