

2<sup>nd</sup> and  
**FINAL NOTICE:** File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

|  |   |   |
|--|---|---|
| LIMITED LIABILITY COMPANY<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

FILED  
98 SEP 23 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                |  |
|--------------------------------|--|
| <b>FILING FEE</b><br>\$ 588.75 | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee<br><b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b> |
|--------------------------------|--|

1 Name and Mailing Address of Limited Liability Company **DOCUMENT # L96000001309**

1650 DUNLAWTON AVENUE, L.C.  
% HOHL & PARTNERS, INC.  
SIXTY STATE STREET., STE 700  
BOSTON MA 02109

1a. Principal Place of Business Address

% HOHL & PARTNERS, INC.  
SIXTY STATE STREET., STE 700  
BOSTON MA 02109

2 Principal Place of Business  
222 Lakeview Avenue  
Suite, Apt. #, etc.  
Suite 160-152  
City & State  
West Palm Beach, FL  
Zip  
33401  
Country  
USA

2a. Mailing Address  
222 Lakeview Avenue  
Suite, Apt. #, etc.  
Suite 160-152  
City & State  
West Palm Beach, FL  
Zip  
33401  
Country  
USA

3. Date Organized or Qualified  
12/17/1996

3a. State of Formation  
FL

4. FEI Number  
59-3422063  
APPLIED FOR

☐ Applied For  
☐ Not Applicable

5. Date of Last Report  
01/29/1997

6. Certificate of Status Desired  
\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

YOUNG, GREGORY E  
250 ROYAL PALM WAY STE 300  
PALM BEACH FL 33480

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

700002649187--1  
09/25/98 01077-001  
\*\*\*588.75 \*\*\*588.75  
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

(Signature of Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

| 10. Title | Managing Members/Managers | Business Street Address   | City, State and Zip Code |
|-----------|---------------------------|---|--------------------------|
| MGRM      | 1650 DUNLAWTON AVENUE     | C/O <del>SIXTY STATE STREET, SUITE 700</del><br>222 Lakeview Avenue, Ste. 160-152, West Palm Beach FL 33401 | BOSTON MA 02109<br>33401 |

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: 

MARK S. SCOTT, VICE PRESIDENT & DIRECTOR

561-833-7700

9/21/98

Date

Daytime Phone #