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 COTAY 11 1915: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # 196000001309** 1a. Principal Place of Business Address 1650 DUNLAWTON AVENUE, L.C. 222 LAKEVIEW AVENUE, SUITE 160-152 WEST PALM BEACH FL 33401 222 LAKEVIEW AVENUE, SUITE 1 WEST PALM BEACH FL 33401 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 12/17/1996 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3422063 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zιρ \$8.75 Additional Fee Required 09/23/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name YOUNG, GREGORY E 250 ROYAL PALM WAY STE 300 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH FL 33480 Suite, 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 Fforida. Such change was authorized by affirmative vole of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations (Registerial Agent Amaging Appendicular (that is those less Appelorant in a production of 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM 1650 DUNLAWTON AVENUE 222 LAKEVIEW AVENUE, SUITE WEST PALM BEACH FL 000002874640-----05/13/99--01112--014 ****188.75 ****188.75 11 Ido 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 uther 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 t 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 4/29/99 561-833-7700 SIGNATURE:

INHSE10 R (12-98)

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