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

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1997 JAN 28 PN 4: 02 1997 DIVISION OF CORPORATIONS SECRETARY OF STATE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee **FILING FEE** TALLAHASSEE. FLORIDA \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT** #L9600001322 1a. Principal Place of Business Address TWILIGHT PROPERTIES, L.L.C. 4135 NW 53RD ST 135 NW 53RD ST 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. 2a. Mailing Address 2 Principal Place of Business 3. Date Organized or Qualified 3a. State of Formation 2/20/1996 Suite, Apt. #, etc. 4. FEI Number 7 Applied For City & St City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country 8 75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name GRUNET, NORBERT 4135 NW 53RD ST Street Address (P.O. Box Number is Not Acceptable) BOCA RATON EL 33496 Suite, Apt. #, etc. City 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 (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM GRUMET, NORBERT 4135 NW 53RD ST BOCA RATON FL MGRM GRUMET, ANNETTA 4135 NW 53RD ST BOCA RATON FL 70002074307—9 -01/31/97—01001—019 ****203.75 ****203.75

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. 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.

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

APPROVED

Daytime Phone #