File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY FILED Sandra B. Mortham ANNUAL REPORT Secretary of State 98 M/R 15 PM 3: 39 1998 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L97000000018 1a. Principal Place of Business Address COMMERCIAL BANKERS GROUP, L.C. 200 W. GAMINO REAL 200 W. CAMINO REAL BOGA RATON-FL 33431 BOCA RATON FL 33431 2 Principal Place of Business 3. Date Organized or Qualified | 3a. State of Formation 01/06/1997 I. FEI Number Applied For Not Applicable 5. Date of Last Report 6. Certificate of Status Desired 58-75 Additional Fre Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office BASSIN, KENNETH L 200 W. CAMINO REAL Street Address (P.O. Box Number is Not Acceptable) BOCA RATON FL 33431 Sulte, 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 BASSIN, KENNETH L 200 W. CAMINO REAL BOCA RATON FL MGRM COHEN, GARY; 200 W. CAMINO REAL BOCA RATON FL 500002462675---1 -03/19/98--01112--035_ 75 ****188.75 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: