File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY A FLORIDA DEPARTMENT OF STATE FILED Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 98 MAR 16 PM 1: 00 **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 #** L9700000127 1a. Principal Place of Business Address LONG TERM, L.C. 2275 NORTH SWINTON AVENUE 2275 NORTH SWINTON AVENUE DELRAY BEACH FL 33444 DELRAY BEACH FL 33444 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 01/31/1997 FLSuite, Apt. #, etc. Sulte, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0727046 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country Stil 75 Adddsonal Fee Heguired 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent/Office MCGLOIN, RICHARD 2275 NORTH SWINTON AVENUE Street Address (P.O. Box Number is Not Acceptable) DELRAY BEACH FL 33444 Suite, Apt. #, etc. 600002461766--0 -03/19/98--01023--014 ****188.75 City 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. DATE MARCH 12, 98 SIGNATURE (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code 108 N.W. 16TH STREET MEM LULU'S PLACE, INC. DELRAY BEACH FL MEM MCGLOIN, RICHARD 2275 NORTH SWINTON AVENUE DELRAY BEACH FL MEM INTERCOASTAL INVESTM, 2275 NORTH SWINTON AVENUE DELRAY BEACH FL

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:

E OF SIGNING MANAGING MEMBER OR MANAGER

MARCH 12 98 561-274-6468