		May 1, 1998 or 0.00 LATE FEE		l Liability	Com	pany will be	•					
LIMITED	Y COMPANY EPORT	LORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State			SECRETARY OF STATE							
1998 DIVISION OF CORPORATIONS  FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee								98 MAR 30 PM 2: 14				
\$ 188.7	5 Mailing Add	ke Check Payable 1	o: FLORI	# L970	TMEN	T OF STATE	1			4/	j	
EI P(	OST OF	BAY PROPER FICE BOX 41 LLS CA 9130	16. Principal Place of Business Address  601 MUSKINGUM AVENUE PACIFIC PALISADES CA 90272									
2. Principal	ness	ng Address			3. Date Organiz	ed or Qualified	3a. State of	Formation				
Suite, Apt. #, etc.			Suite, Ap	t. #, etc.			02/05/1997 FL					
City & State			City & Sta	City & State			4. FEI Number			Applied Not App		
Zip	Country Z		Zip	ip Cour		ry	5. Date of Last		Report 6. Certificate of Sta \$8.75 Additional Fee			
	and Address of Current	<del></del>		B. Name	Name and Addres	s of New Regis	tered Agent/O	ffice				
9. Pursuant its registered as registered	A CITY to the provisi	BEACH FL 3  ions of Sections 608.416 a stered agent, or both, in the accept the obligations.	2408 and 608.508			Sulte, Apt. #, etc City  Dove-named limited	l liability company s tive vote of a majori	-04/06 ***** <b>FL</b> ubmits this state	4831 3/93-01 \$45,93e )	k非冰冰188 urpose of ch	3.75 anging	
10. Title				OTE: Registered Agent signature required when reinstating			9)		State and Zip	Codo		
MGRM I	MILLER, GREGG H MILLER, WYNN A MILLER MUTRUX, DONNA L ADAMS, ROBERT D			601 MUSKINGUM AVEN			NUE NUE	PACIFI PACIFI PACIFI	IC PALISADES CA IC PALISADES CA IC PALISADES CA A CITY BEACH FL			
indicated on t	this annual re y company or	the information supplied wi port is true and accurate e trusted ep	nd that my s	ignature shall h	ave the	same legal effect as	if made under oath	; that I am a mar	naging member	or manager	of the	

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

SIGNATURE: