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 FILED **Katherine Harris** ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAR 15 AH 10: 45 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L9700000220 SHERE FAMY OF BEASE. TALLAHASSEE, FLORIDA 1a. Principal Place of Business Address BOCA PALM ASSOCIATES I, L.C. PO BOX 5847 3763 NW 4TH AVE LIGHTHOUSE POINT FL 33074 BOCA RATON FL 33431 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 02/24/1997 Suite. Aol. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65~0737181 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Žip Country \$8.75 Additional Fee Required 04/09/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office RUKES, MORGAN L 57 FORT ROYAL ISLE Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33308 <del>\$100002814536--</del> -03/23/39--01004--007 Suite, Apt #, etc Zip Code \*\*\*\*180.70 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. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE Business Street Address City. State and Zio Code 10. Title Managing Members/Managers MGRM RUKES, MORGAN 57 FORT ROYAL ISLE FT LAUDERDALE FL MGRM RUKES, ILLEANNE 57 FORT ROYAL ISLE FT LAUDERDALE FL MGRM EICHLER, GARY 591 NE SILVER LANE BOCA RATON FL MGRM BRITT, BARBARA 591 NE SILVER LANE BOCA RATON 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) (1), Florida Statutes. Norther 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

SIGNATURE AND APED OR PHINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

attachment with an address SIGNATURE: