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 Katherine Harris ANNUAL REPORT FILED Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAR 12 PM 1: 24 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA **DOCUMENT # 197000000255** Name and Mailing Address of Limited Liability Company 1a. Principal Place of Business Address KEENAN INVESTMENTS, L.C. 1500 NW 49TH STREET 1500 NW 49TH STREET SUITE 500 SUITE 500 FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 2 Principal Place of Business 3. Date Organized or Qualified 3a. State of Formation 2a. Mailing Address 03/03/1997 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0750499 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country ZiD Country \$8.75 Additional Fee Required 03/27/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office BOYLE, CONRAD J ESQ 500 E BROWARD BLVD Street Address (P.O. Box Number is Not Acceptable) **SUITE 1950** FORT LAUDERDALE FL 33394 <del>00000281439</del>0---Suite, Apt #, etc. -03/22/99--01148--020 \*\*\*\*188.75 \*\*\*\*188.75 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. (Registered Agent Accepting Appointment) - (NPTE Registered Agent signal inche percel when here the op-10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR CHYNOWETH, DALE 1500 NW 49TH ST, STE 500 FORT LAUDERDALE FL MGR KEENAN, WILLIAM 1500 NW 49TH ST, STE 500 FORT LAUDERDALE FL 11. 1do 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 flability 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

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attachment with an address.