| File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.   |  |                     |              |  |                      |    |  |  |            |   |  |
|---|--|---------------------|--------------|--|----------------------|----|--|--|------------|---|--|
|   | D LIABILIT<br>NNUAL R<br>199                                     |                     | FILED        |  |                      |    |  |  |            |   |  |
| FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE   |  |                     |              |  |                      |    | 99 MAR 22 AM 8:00  |  |            |   |  |
| 1 Name and Mailing Address of Limited Liability Company   |  |                     |              |  |                      |    | SECREMENTALIATE  |  |            |   |  |
| MANAVE L.C.<br>2106 BISPHAM ROAD<br>SUITE B<br>SARASOTA FL 34231  |  |                     |              |  |                      |    | 1a. Principal Place of Business Address (NIII)A  2106 BISPHAM ROAD SUITE B SARASOTA FL 34231 |  |            |   |  |
| 2 Principal Place of Business 2a.   |  |                     | 2a. Mailin   | ailing Address   |                      |    | 3. Date Organized or Qualified 3a. State of Formation  |  |            |   |  |
| Suite, Apt. #, etc Su   |  |                     | Suite, Apt   | ite, Apt. #, etc.  |                      |    | 03/11/1997 FL<br>4 FEI Number  |  |            |   |  |
| City & State  |  |                     | City & State |  |                      |    | 65-0733  | 3252   |            | Applied For  Not Applicable                     |  |
| Zip Country   |  |                     | Zip Countr   |  |                      | ry | 5. Date of Last Report 04/13/1998  |  |            | cate of Status Desired                          |  |
| 7. Name and Address of Current Registered A   |  |                     |              | Agent  |                      | 8. | Name and Address   |  | tered Ager | nVOffice  |  |
| Street Address (P.O. Box Number is Not Acceptable)  SUITE 1  SARASOTA FJ, 34236  Suite, Apt. #, etc.  City  City  Pursuant to the provisions of Sections 608 416 and 608 508, Florida Statutes, the above-named limited hability 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  |  |                     |              |  |                      |    |  |  |            | 11082019<br>****188.75<br>e purpose of changing |  |
| (Bigsered Agent Assessing Agent to control (B   |  |                     |              | #E Registreed Agency aport or negative when received up  Business Street Address |                      |    | 1.   | City, State and Zip Code                                       |            |   |  |
| MEM<br>MEM<br>MEM   | 891157 ONTARIO INC., BALSALM L. CORPORATI, RAWEC HOLDINGS LIMIT, |                     |              | 253 ROBINA ROAD  95 ST CLAIR AVE W, #1605  5500 DIXIE ROAD, BOX E                |                      |    | !  | ANCASTER, ONTARIO L9 TORONTO, ONTARIO M4V MISSISSUAGO, ONTARIO |            |   |  |
| MEM   | SANVIN, INC.   |                     |              | 46 N WAHINGTON BLVD  |                      |    | SARASOTA FL  |  |            |   |  |
| MEM   | SACKVILLE HOLDINGS, IN   |                     |              | ONE FIRST CANADIAN PLACE,  |                      |    |  | TORONTO, ONTARIO M5X   |            |   |  |
| MEM   | 99436  | 60 LAURENTIDE DRIVE |              |  | DON MILLS, ONTARIO M |    |  |  |            |   |  |
|   |  |                     |              |  |                      |    |  | dœ   |            |   |  |
| 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. If urther 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 hability 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: |  |                     |              |  |                      |    |  |  |            |   |  |
| SIGNATURE: / SCHATUR AND TYPE CONTRIBUTION OF SCHATES MANAGERS MEDICOL MANAGERS DO LOGICOS PRODUCTIONS  |  |                     |              |  |                      |    |  |  |            |   |  |