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 99 NAY 21 AM 8:50 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SEUMER DE MATE TALLAMENTE EL FLORIDA \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT # L97000000387** 1a. Principal Place of Business Address THUNDER PROPERTIES, L.C. 2030 NW 95TH AVE. 2030 NW 95TH AVE. MIAMI FL MIAMI FL 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 04/04/1997 Suite. Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0754276 5. Date of Last Report Not Applicable 6. Certificate of Status Desired Zip Zιρ Country \$8.75 Additional Fee Required 05/04/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office GREEN, MARVIN M 317 71ST ST. Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL Suite, Apt. #, etc. City Zip Code 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. SIGNATURE (Bigisterial Agent Accepting Appenditional) - (DE) It - Begisserial Agent signation in government in the trees 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MEM BARBOSA, RAUL 145-18 156 ST. JAMAICA NY 700002885807- 5 -05/25/93 --01063 --023 ****188.75 ****188.75 11. I do hereby certify that the information supplied with is 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 liability company or the receiver or trustee empowered to exocute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address. SIGNATURÉ: atti) uami or seletini marakan baka an angakasasi s SHIGHTATOR

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