File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY A Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR 28 AM 8: 46 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # 197000000508** 1a. Principal Place of Business Address THE HIDDEN PLACE, L.L.C. 2152 SW 12TH STREET 2152 SW 12TH STREET MIANI FL 33135 MIAMI FL 33135 2. Principal Place of Business 3. Date Organized or Qualified | 3a. State of Formation 2a. Mailing Address 1692 SW Suite, Apt. #, etc. 05/08/1997 Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0753819 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country \$8.75 Additional Fee Required 04/27/1998 B. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Name RIVERO-PEDREGAL, LUIS 2152 SW 12TH STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33135 200002870342~ -05/11/99 -01005--1023 Suite, Apl. #, etc. \*\*\*\*188.75 \*\*\*\*188.75 Zip Code 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 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 registered agent, and accept the obligations. SIGNATURE \_\_ (Registered Agent Accepting Appointment) (NOT): Registered Agent signature required when renstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM GONEZ, JOSE 2152 SW 12TH STREET MIAMI FL MGRM RIVERO-PEDREGAL, LUIS 2152 SW 12TH STREET MIAMI FL 11. Ido 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 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 TYPED OF HINTED NAME OF SIGNING MANAGING MEMBLE OR MANAGER

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SIGNATURE: