File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPURTMENT OF STATE LIMITE LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 APR 16 AMII: 16 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 #** L97000000579 1a. Principal Place of Business Address VALUATION & CONSULTING SERVICES L.L.C. 1515 N. FEDERAL HIGHWAY, STE. #300 1515 N. FEDERAL HIGHWAY, STE BOCA RATON FL 33432 BOCA RATON FL 33432 2. Principal Place of Business 3. Date Organized or Qualified | 3a. State of Formation 2a. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 65-0775182 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zio Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office SCHWENCKE, KERRY R ESQ. Street Address (P.O. Box Number is Not Acceptable) 1645 PALM BEACH LAKES BLVD., STE. #72 900<u>002497009--- 8</u> WEST PALM BEACH FL 33401 Suite, Apt. #, etc. -04/22/98 - -01093 ---007 ****188.75 ****188.75 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 _ (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MEM HILLER, SIDNEY 1515 N. FEDERAL HIGHWAY, S BOCA RATON FL - 3343V MEM 1515 N. FEDERAL HIGHWAY, S BOCA RATON FL -33432 SCRIVENS, ROBERT H JR 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 shipowered 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 OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

attachment with an address.
SIGNATURE: