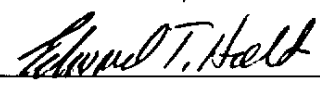


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L97000000588 CPA ASSET MANAGEMENT GROUP, L.L.C. 215 5TH STREET SUITE 200 WEST PALM BEACH FL 33401		1a. Principal Place of Business Address 215 5TH STREET SUITE 200 WEST PALM BEACH FL 33401	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Organized or Qualified 05/24/1997 4. FEI Number 65-0754870 5. Date of Last Report N/A	3a. State of Formation FL ☐ Applied For ☐ Not Applicable 6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent MINER, WILLIAM B 215 5TH STREET SUITE 200 WEST PALM BEACH FL 33401		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 300002446423--9 -03/04/98--01016--012 City ***188.75 FL ***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.			
SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)		DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	HOLT, EDWARD T	215 5TH STREET SUITE 200	WEST PALM BEACH FL
MGRM	SMITH, R. GREG	215 5TH STREET SUITE 200	WEST PALM BEACH FL
MGRM	ELHILOW, MARK B	215 5TH STREET SUITE 200	WEST PALM BEACH FL
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. 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 attachment with an address.			
SIGNATURE: 		Edward T. Holt 2/23/98 (561) 659-9030	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	