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 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

FILED

98 APR 24 PM 12: 55

\$ 188.75 SECRETARY OF STATE TALLAHASSEE, FLORIDA Name and Mailing Address
 of Limited Liability Company DOCUMENT # L97000000622 1a. Principal Place of Business Address NEW HARBOR TITLE COMPANY L.C. 1711 WORTHINGTON ROAD #202 1711 WORTHINGTON ROAD #202 WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 6. Certificate of Status Desired Country Country \$8.75 Additional Fige Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name MIRKIN & WOOLF, P.A. Street Address (P.O. Box Number is Not Acceptable) 1700 PALM BEACH LAKES BLVD #580 WEST PALM BEACH FL 33401 Sulte, 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 . (Rogistered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR 1711 WORTHINGTON ROAD #202 WEST PALM BEACH FL PIERCE, THOMAS K MGR MILLER, JAMES F 1711 WORTHINGTON ROAD #202 WEST PALM BEACH FL ****188.75 ****188.75 AL 'APR 2 7 1998

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. 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 execute his report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attackment with an address.

SIGNATURE:

SIGNATURE AND TYPED ON PRINCED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/20198
