


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

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|---|---------------------------|--|--|--|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1998 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 APR 22 PM 1:40 # 4/23 | |
| 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 # L97000000698 | | 1a. Principal Place of Business Address | |
| ERILYN GROUP 3, L.L.C. 2670 N.E. 215TH STREET MIAMI FL 33180 | | | | 2670 N.E. 215TH STREET MIAMI FL 33180 | |
| 2. Principal Place of Business 4090 N. STATE RD. 7 Suite, Apt. #, etc. | | 2a. Mailing Address 4700 N. STATE RD. 7 Suite, Apt. #, etc. Bldg. A, Suite 101 | | 3. Date Organized or Qualified 06/26/1997 | |
| City & State LAUDERDALE LAKES, FL | | City & State LAUDERDALE LAKES, FL | | 3a. State of Formation FL | |
| Zip 33319-4825 | | Country U.S.A. | | 4. FEI Number 65-0826305 | |
| | | | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Date of Last Report | |
| | | | | 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/> | |
| 7. Name and Address of Current Registered Agent | | | | 8. Name and Address of New Registered Agent/Office | |
| HECHT, ALAN R 2670 N.E. 215TH STREET MIAMI FL 33180 | | | | Name BRUCE NABAT Street Address (P.O. Box Number is Not Acceptable) 2190 N.E. 125th ST. # 21 Suite, Apt. #, etc. City N. MIAMI FL Zip Code 33161 | |
| 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 <u>Bruce Nabat</u> DATE <u>4/14/98</u> (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-registering) | | | | | |
| 10. Title | Managing Members/Managers | Business Street Address | | City, State and Zip Code | |
| MGRM | PACE, CHARLES E | 5599 E. LEITNER DRIVE | | CORAL SPRINGS FL | |
| MGRM | GOLDBERG, MITCHELL | 353 LEXINGTON AVENUE 10TH | | NEW YORK NY | |
| | | | | 200002502842--2 -04/28/98--01061--017 ****188.75 ****188.75 | |
| 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: <u>X [Signature]</u> 4/14/98 _____ (Signature and Typed or Printed Name of Signing Managing Member or Manager) Date Daytime Phone # | | | | | |