File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE: LIMITED LIABILITY COMPANY **Katherine Harris** ANNUAL REPORT Socretary of State 1999 DIVISION OF CORPORATIONS 99 APR - 1 AM 8: 30 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 # 197000000753** 1a. Principal Place of Business Address COURTBRUNS, LLC 1100 LINTON BLVD. 1100 LINTON BLVD. SUITE C-9 SUITE C-9 DELRAY BEACH FL 33444 DELRAY BEACH FL 33444 2 Principal Place of Business 3. Date Organized or Qualified 3a. State of Formation 2a. Mailing Address 07/10/1997 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 65 - 08 229 24 Applied For APPLIED FOR City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country 04/28/1998 \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent/Office C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 Suite, Apt. #, etc. 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 pu 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. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE DATE (Registered Agent Accepting Appendicated): (f.:01) Registered Agent agrees to required when reconstruction Managing Members/Managers 10. Title **Business Street Address** City, State and Zip Code MGR WALSH, MICHAEL P 1100 LINCON BLVD. SUITRE ¢ DELRAY BEACH FL MGR WALSH, MARK T 1100 LINCON BLVD. SUITRE ¢ DELRAY BEACH FL 400002836754---4 -04/12/93--01131--001 ****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 it 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.

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Walsh, Managar

Michael

SIGNATURE: _

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