Flie on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham

ANNUAL REPORT 1998



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

. Name and Malling Address of Limited Liability Company

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Ť

DOCUMENT # 19700000811

2a. Mailing Address

Suite, Apt. #, etc.

City & State

NBK HOLDING COMPANY L.C. 1700 WORTHINGTON RD #202 WEST PALM BEACH FL 33409

FILED

98 APR 24 PM 1:01

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address 1700 WORTHINGTON RD #202 WEST PALM BEACH FL 33409 3. Date Organized or Qualified 3a. State of Formation 07/28/1997 4. FEI Number Applied For Not Applicable 6. Certificate of Status Desired Sti 25 Additional Fee Required 8. Name and Address of New Registered Agent/Office

MIRKIN & WOOLF, P.A. 1700 PALM BEACH LAKES BLVD. #580 WEST PALM BEACH FL 33401

7. Name and Address of Current Registered Agent

Country

Street Address (P.O. Box Number is Not Acceptable) Suite, 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 the 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.

Country

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 MGR PIERCE, THOMAS K 1700 WORTHINGTON RD #202 WEST PALM BEACH FL MGR 1700 WORTHINGTON RD #202 MILLER, JAMES F WEST PALM BEACH FL ****188.75 ****188.75

AL APR 2 7 1998

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:

SIGNATURE AND TYPE OF FRINT D NAME OF SIGNING MANAGING MEMBER OR MANAGER

Daytime Phone #