FILED File on or before May 1, 1998 or Limited Liability Company will be 98 HAY-4, PM 2: 13 subject to a \$ 400.00 LATE FEE SEGRETARY OF STAIL TALLAHASSEE, FLORIDA LIMITED MABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandri, e. Mürtnam **ANNUAL REPORT** Secretary of State 1998 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 Mailing Address of Limited Liability Company **DOCUMENT #** L9700000818 1a. Principal Place of Business Address BOUGAINVILLA F-2, L.C. ar Af 4627 BOUGAINVILLA DR, UNIT F-2 4627 BOUGAINVILLA DR, UNIT F LAUDERDALE BY THE SEA FL 33308 LAUDERDALE BY THE SEA FL 333 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 07/29/1997 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zω Country Zip \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office GEHBAUER, KARL H 4627 BOUGAINVILLA DR, UNIT F-2 Street Address (P.O. Box Number is Not Acceptable) LAUDERDALE BY THE SEA FL 33308 Suite, Apt. #, etc. 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 (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature regulared when reinstalling Managing Members/Managere 10. Title City. State and Zip Code 4627 BOUGAINVILLA DR, UNIT LAUDERDALE BY THE SE MGRM GEHBAUER, KARL H 4627 BOUGAINVILLA DR, UNIT LAUDERDALE BY THE SE GEHBAUER, KARIN MGRM 200002516652--5 -05/08/98--01016--022 \*\*\*\*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) (ii), 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.

954-938-8608

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3-3-98 011-49-6151-452 4 Dale Daylino Phone & GERMANY