File on or before May 1, 1999 or Limited Liability Company will be

INHSE10 R (12-98)

subject to a \$ 400.00 LATE FEE LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE **Katherine Harris** ANNUAL REPORT FILED Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAR 17 AM 8: 18 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SCUMETÁNT ÓF STATE TALLAHASSEE, FLÓRIDA Name and Mailing Address of Limited Liability Company **DOCUMENT # 197000000829** RUFFIN, MOYLE & ASSOCIATES, L.C. 18. Principal Place of Business Address ONE FINANCIAL PLAZA ONE FINANCIAL PLAZA **SUITE 1600** SUITE 1600 FT LAUDERDALE FL 33394 FT LAUDERDALE FL 33394 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 07/28/1997 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0788433 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired ZiD Country Country \$8.75 Additional Fee Required 03/02/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office MOYLE, BERNARD T ONE FINANCIAL PLAZA Street Address (P.O. Box Number is Not Acceptable) **SUITE 1600** FT LAUDERDALE FL 33394 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 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 (Art galleted Agent Accepting Appointment). (NETE: Bisjessive) Agent signaturing a pired when receive co-10. Title Managing Members/Managers **Business Street Address** City. State and Zio Code RUFFIN, JOHN MGRM 9650 NW 42ND ST CORAL SPRINGS FL MGRM MOYLE, BERNARD T ONE FINANCIAL PLAZA SUITE FT LAUDERDALE FL 200002821082----\$ -03/26/99~-01134~-023. ****188.75 ****188.79 11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (1), 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 trestee embowered to execute this report as poquired by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: Mis Blow Matrix is E AND I SELL OF PRIMERY