File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE FILED Ly/28 Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 APR 27 PM 2: 51 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE TALLAHASSEE FLORIDA Name and Mailing Address of Limited Liability Company DOCUMENT # L9700000928 1a. Principal Place of Business Address ITCON TOWER V VENTURE, L.C. 307 S. 21ST AVE. 307 S. 21ST AVE. HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 08/19/1997 4. FEI Number TT. Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State <u>65-0798</u> Not Applicable 6. Certificate of Status Desired Zip Country Zip Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name KORN, GARY A Street Address (P.O. Box Number is Not Acceptable) 20803 BISCAYNE BLVD., STE. 200 AVENTURA FL 33180 590002506825 -04/30/93--01081--008 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 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 required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR BIRDMAN, HARVEY 307 S. 21ST AVE. HOLLYWOOD FL 3 MOR | HIRSCH, HERBERT 307 S. 21ST AVE. HOLLYWOOD FL 33000 MER BIRDMAN, DIANE MGR BIRDMAN, LOUIS 307 S. 21ST AVE. HOLLYWOOD FL 33000 HOLLYWOOD FL 33000 307 S. 21ST AVE. 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 acquirate 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 Ilmited 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

SIGNATURA AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

attachment with an address.

SIGNATURE: