


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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|---|---------------------------|---|--|--|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 APR 29 PM 4: 16 | |
| FILING FEE \$ 188.75 | | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | |
| 1. Name and Mailing Address of Limited Liability Company BE SPRAK, L.L.C. 1085 SW 15TH AVE., SUITE 3 DELRAY BEACH FL 33444 Change to: | | DOCUMENT # L97000000941 | | | |
| 2. Principal Place of Business BE SPRAK, L.L.C. Suite, Apt. #, etc. SUITE #4 City & State WEST PALM BEACH, FL Zip 33404 Country U.S.A. | | 2a. Mailing Address 3750 INVESTMENT LANE Suite, Apt. #, etc. Suite #4 City & State WEST PALM BEACH, FL Zip 33404 Country U.S.A. | | 3. Date Organized or Qualified 08/26/1997 3a. State of Formation FL 4. FEI Number 65-0775349 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 10/07/1998 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/> | |
| 7. Name and Address of Current Registered Agent PANKOW, JOHN 1085 S.W. 15TH AVE., SUITE 3 DELRAY BEACH FL 33444 | | 8. Name and Address of New Registered Agent/Office Name PANKOW, JOHN Street Address (P.O. Box Number is Not Acceptable) 3750 INVESTMENT LANE, SUITE # 4 Suite, Apt. #, etc. SUITE #4 City WEST PALM BEACH FL Zip Code 33404 | | | |
| 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 _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)</small> | | | | | |
| 10. Title | Managing Members/Managers | Business Street Address | | City, State and Zip Code | |
| MGR | PANKOW, JOHN | 2255 GLADES ROAD SUITE 236 | | BOCA RATON FL | |
| 100002868321 -- G -05/07/99- 01140--020 ****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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small> | | | | | |