File 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** Secretary of State DIVISION OF CORPORATIONS 98 MAR -5 PM 4: 23 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 #** L97000001076 1a. Principal Place of Business Address PBG OP ASSOCIATES L.C. C/O TITAN MANAGEMENT L.P. C/O TITAN MANAGEMENT L.P. 53 FOREST AVENUE, 2ND FLOOR 53 FOREST AVENUE, 2ND FLOOR OLD GREENWICH CT 06870 OLD GREENWICH CT 06870 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 09/26/1997 4. FEI Number FL Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 65 - 678 2643 5. Date of Last Report Not Applicable 6. Certificate of Status Desired Zip Country Zip Country 8-75 Additional Lee Required NONZ 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number Is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Suite, Apt. #, etc. Zin 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 required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR SAFERSTEIN, IRA E 53 FOREST AVENUE, 2ND FLOO OLD GREENWICH CT MGR YUDELL, ALLEN 17152 MANDYLYNN COURT BOCA RATON FL 70002452807---C -03/10/98--01087--017 \*\*\*\*188.75 \*\*\*\*188.75 11. I do hereby certify that the information supplied with this filling 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.

OF SIGNING MANAGING MEMBER OR MANAGER

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SIGNATURE:

SIGNATURE AND TYPED OF PRINTED HAME