File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 59 HAR - 9 AM 9: 16 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 # 197000001076** 1a. Principal Place of Business Address PBG OF ASSOCIATES L.C. C/O TITAN MANAGEMENT L.P. C/O TITAN MANAGEMENT L.P. 53 FOREST AVENUE, 2ND FLOOR OLD GREENWICH CT 06870 53 FOREST AVENUE, 2ND FLOOR OLD GREENWICH CT 06870 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 09/26/1997 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0782643 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country S8 75 Additional Fee Required 03/05/1998 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 Accopting Appointment) (NOTE: Registered Agent's grature required when resistating) 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 9d0002800069--- 4 -na/ng/99--n1092--018 \*\*\*\*188.75 \*\*\*\*188.75

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i), Florida Statutes. If orther certify that the information indicated on this annual report is frue 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

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attachment with an address.

SIGNATURE: