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 FILED. **Katherine Harris** ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 00 APR 28 PH 5: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee GRETARY OF STATE \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Liming NATIONA POSCUMENTOR ASSET PROTECTION 1a. Principal Place of Business Address 4400 P.G.A. BLVD., SUITE 505 4400 P.G.A. BLVD., SUITE 505 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 3. Date Organized or Qualified 10/16/1997 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 65-0788559 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Ζıp Country Country Zip 04/20/1998 \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office MILLER, DONALD W 4400 P.G.A. BLVD., SUITE 505 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS FL 33410 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. I hereby accept the appointment as registered agent, and countries the obligations. DATE SIGNATURE OTE: Registered Agent signature required when reinstating) City, State and Zip Code **Business Street Address** 10. Title Managing Members/Managers MBR ROYAL BLACKWATCH PARTN 4400 P.G.A. BLVD., SUITE 5 PALM BEACH GARDENS F KNIGHTSBRIDGE PARTNERS 4400 P.G.A. BLVD., SUITE 5 PALM BEACH GARDENS F MBR 0/10002868190--**#** -05/07/99--01134--016 \*\*\*\*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. Hurther 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 receive par 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. Donald W. Miller 561-627-0671 SIGNATURE:

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

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