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 1998 98 APR 27 AM 9: 19 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE BECLEWAY BELLAND MELAHASSEE, FLORIEW Name and Mailing Address
 of Limited Liability Company DOCUMENT # L97000001182 1a. Principal Place of Business Address ALBRECHT INVESTMENTS, L.L.C. 2913 CORAL SHORES DRIVE 2913 CORAL SHORES DRIVE FORT LAUDERDALE FL 33306 FORT LAUDERDALE FL 33306 3. Date Organized or Qualified 2a. Mailing Address 2. Principal Place of Business 10/24/1997 4. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 65-0828722 City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country Zip S8 75 Additional Fee Beguired 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent ALBRECHT, RALPH 2913 CORAL SHORES DRIVE 05/07/98--01082--013 FT. LAUDERDALE FL 33306 Suite, Apt. #, etc. \*\*\*\*188.75 \*\*\*\*188.75 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. DATE \_ SIGNATURE (Registered Agent Accepting Appointment) [NOTE Registered Agent signature required when re-instating) **Business Street Address** City, State and Zip Code 10. Title Managing Members/Managers FORT LAUDERDALE FL ALBRECHT, RALPH WILLIA 2913 CORAL SHORES DRIVE MGR Ä

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. 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 flability 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: Kalph Alluston

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER OF M

Date Daytime Phone