


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

| | | | | | |
|--|---------------------------|--|--|--|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1998 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAY 18 AM 9:06 | |
| 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 | | DOCUMENT # L97000001191 | | 1a. Principal Place of Business Address | |
| DAVELINK SYSTEMS, L.C. 8861 FONTAINEBLEAU BLVD., 303 MIAMI FL 33172 | | | | 8861 FONTAINEBLEAU BLVD., 30 MIAMI FL 33172 | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Organized or Qualified | |
| 8323 LAKE DRIVE | | 8323 LAKE DRIVE | | 10/27/1997 | |
| Suite, Apt. #, etc. M-206 | | Suite, Apt. #, etc. M-206 | | 3a. State of Formation FL | |
| City & State MIAMI, FLORIDA | | City & State MIAMI, FLORIDA | | 4. FEI Number 65-0790195 | |
| Zip 33166 | | Zip 33166 | | 5. Date of Last Report | |
| Country USA | | Country USA | | 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 7. Name and Address of Current Registered Agent | | | | 8. Name and Address of New Registered Agent/Office | |
| CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BOULEVARD #211 PALM BEACH GARDENS FL 33418 | | | | Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City | |
| | | | | 000002528520--B -05/19/98--01024--021 ****188.75 FL | |
| 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 reinstating)</small> | | | | | |
| 10. Title | Managing Members/Managers | Business Street Address | | City, State and Zip Code | |
| MGRM | DAVE, HIREN NARENDRA | 8861 FONTAINEBLEAU BLVD., | | MIAMI FL | |
| MGRM | NARAYAN, VIJAY KUMAR K | 8861 FONTAINEBLEAU BLVD., | | MIAMI FL | |

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: JADave (DAVE HIREN NARENDRA) 04/25/98 (305)-513-0458

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

Date

Daytime Phone #