Zip Country Zip Country S. Date of Last Report 6. Certificate of Status Desired 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office JENNINGS, EDWARD J ESQ. 200 S.E. 18TH COURT FORT LAUDERDALE, FL 33316 US Street Address (P.O. Box Number is Not Acceptable) 1665 WASHINGTON AVENUE Suite, Apt. #, etc. 2ND FLOOR City -05/08/99999-01093-016			May 1, 1998 or 0.00 LATE FEE		Liability	Com	pany will be	•			
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Applied For IX State City & State Country E. Date of Lest Report 8. Certificate of Status Desire 53/75 Auditional Lest Report 8. Name and Address of New Registered Agent/Office Name WHITAKER, CRAIG Street Address (P.O. Box Number is Not Acceptable) 1665 WASHINGTON AVENUE Suite, Apt. #. etc. 2ND FLOOR City MIAMI BEACH Suite, Apt. #. etc. 2ND FLOOR City MIAMI BEACH Suite, Apt. #. etc. 2ND FLOOR City MIAMI BEACH Suite of Fordia. Such change was authorized by affirmative vote of a majority of the members. Inverby accept the appointment as registered agent, and accept the obligations. CRAIG WHITAKER SIGNATURE (Flequilles Agent Acceptance) Invoice Replaced Agent sponsure required when remistricy DATE O4/29/98 City. State and Zip Code MGRM WHITAKER, CRIAG W 1665 WASHINGTON AVENUE, 2ND FLOOR MIAMI BEACH, FL 33139	Suite And # etc Suite A				Di. #. etc.			7		FL	
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(Regulatered Ageni Accepting Appointment) (NOTE Registered Ageni signature required when reinstaining) 10. Title Managing Members/Managers Business Street Address City. State and Zip Code MGRM WHITAKER, CRIAG W 1665 WASHINGTON AVENUE, 2ND FLOOR MIAMI BEACH, FL 33139	its register	red office or real	stered agent, or both, in the	State of Flor	ida. Such chang	s, the al	bove-named limited uthorized by affirmat	tive vote of a majorit	y of the member	s. Thereby	ie purpose of changing accept the appointment
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	10. Title	Mar	T			City. State and Zip Code					
MGRM TEAL, WILLIAM J 1665 WASHINGTON AVENUE, 2ND FLOOR MIAMI BEACH, FL 33139	MGRM	WHITAK	ER, CRIAG W	, 2ND FLOO	R MIAMI 1	веасн,	FL 33139				
	MGRM	TEAL,	WILLIAM J		1665 WAS	SHING	TON AVENUE	, 2ND FLOO	R MIAMI 1	ВЕАСН,	FL 33139

11. Ido hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther 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:

Craig W. Whitaker

04/29/98 (954)776-7400