


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
|---|--|---|-------------------------------------|
| FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | |
| 1. Name and Mailing Address of Limited Liability Company PARETO SOLUTIONS, L.C. 1237 AVONDALE LANE WEST PALM BEACH FL 33409 | | DOCUMENT # L97000001373 FILED 99 MAR 15 AM 10:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| 2. Principal Place of Business 1237 AVONDALE LN Suite, Apt. #, etc. City & State WEST PALM BEACH FL Zip 33409 | 2a. Mailing Address Suite, Apt. #, etc. City & State FL Zip 33409 | 3. Date Organized or Qualified 12/09/1997 | 3a. State of Formation FL |
| 4. FEI Number 65-0808817 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Date of Last Report 03/02/1998 | | 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 7. Name and Address of Current Registered Agent BROSKOWSKI, ANTHONY 1237 AVONDALE LN WEST PALM BEACH FL 33409 BROSKOWSKI | | 8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 500002814605 Suite, Apt. #, etc. -03/22/99--01157--025 ****188.75 ****188.75 City FL 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 _____ | | DATE _____ | |
| (If Registered Agent Accepting Appointment) (If Not, Registered Agent Signature Required when Remade) | | | |
| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
| MGR | BROSKOWSKI, ANTHONY T | 1237 AVONDALE LANE 63 WOODCREST 4 MADIGAN LANE | WEST PALM BEACH FL |
| M | BARTON, WILLIAM | 63 WOODCREST | ITHACA NY |
| M | HARSHBARGER, DWIGHT | 4 MADIGAN LA | HARVARD MA |
| 3-19-99 | | | |
| 11. I 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 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: Anthony Broskowski | | | |