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 Katherine Harris THED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS COLDRED DISCO FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE DOCUMENT # 197000001404 Name and Mailing Address of Limited Liability Company SEALINK INVESTMENTS, L.C. 1a. Principal Place of Business Address \$ BLAKELEY INVESTMENT CO. C/O SALES PAVILION 60 STATE STREET, SUITE 3400 790 ANDREWS AVENUE BOSTON MA 02109 DELRAY BEACH FL 33483 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 12/16/1997 FLSuite, Apt #, etc. Suite, Apt. #, etc. 4. FE! Number Applied For 65-0808485 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country 04/10/1998 \$8 75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office GIL E. ATLANTIC AVE. 9. Pursuant to the provisions of Sections 608 416 and 608 508. Florida Statutes, the above named limited fability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Schehenge was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations DATE 4-15-99 SIGNATURE () 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR BLAKELEY, GERALD W 790 NORTH ANDREWS AVE, C-2 DELRAY BEACH FL 4 dicinin 2859 1 1 4 -- --04/30/99--01131--001 ****188.75 with his filing does not qualify for the exemption stated in Section 119 07(3) (i). Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under eath, that I am a managing member or manager of the hypoweren to execute the report as required by Chapler 608, Florida Statutes, and that my name appears in Block 10, or on an 11 I do hereby certify that the information supplied with indicated on this annual report is true and accurate limited liability company or the receiver or truste attachment with an address SIGNATURE:

INHSE 10 R (12-98)