File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILEO SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUÁL REPORT Secretary of State 98 MAR 23 PM 4: 03 1998 **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 **DOCUMENT #** of Limited Liability Company L97000001423 SOUTH FLORIDA HONEY LC LA COLLINETTE LA COLLINETTE SARK SARK CHANNEL ISLANDS CHANNEL ISLANDS 2. Principal Place of Business 2a. Malling Address 3. Date Organized or Qualified 3a. State of Formation 1220 N. Market St. 12/18/1997 4. FEI Number Suite, Apt. #, etc. Suite 606 Suite, Apl. #, etc. Applied For City & State City & State Not Applicable Wilmington, DE 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country 19801 USA 58-75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name CORPORATE CREATIONS , ENTERPRISES IN Street Address (P.O. Box Number is Not Acceptable) 4521 PGA BLVD., #211 PALM BEACH GARDENS FL 33418 Suite, Apt. #, etc. City 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 (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstalling) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR CROSHAW, PHILIP MARK THE AVENUE SARK CHANNEL ISLANDS MGR GRASSICK, JAMES WILLIA LA COLLINETTE SARK CHANNEL ISLAND 100002467151--2 -03/24/98--01102--002 ****188.75 ****188.75 11. I do 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 dignature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trustee empeweres to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

> uccio, Attorney-in-fact forePhilip Mark Croshaw, SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

mull

attachment with an address.

SIGNATURE:

Manager

302.421.5750

3/18/98