File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE SCORFIARY OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 MM: - 1 PH 1: 20 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

DOCUMENT # 1.97000001452 STURM & NEWBERG, L.C. 7695 S.W. 104TH STREET, SUITE 210 MIAMI FL 33156 1a. Principal Place of Business Address 7695 S.W. 104TH STREET, SUIT MIAMI FL 33156 3. Date Organized or Qualified | 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 12/31/1997 FLSuite, Apt. #, etc. Suite, Apt #, etc. 4. FEI Number Applied For 65-0813256 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country 05/28/1998 \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office LITTMAN, ERIC P 7695 S.W. 104TH STREET, SUITE 210 MIAMI FL 33156 Street Address (P.O. Box Number Is Not Acceptable) Suite Apt #, etc 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. Thereby accept the appointment as registered agent, and accept the obligations. DATE: SIGNATURE \_ .. (He jish red Agent Amerika g Appendicult) (NOTE Registered Agent signature to a net when rend drop Managing Members/Managers **Business Street Address** City, State and Zip Code 10. Title MGR STURM, DENNIS 7695 SW 104TH STREET, SUIT MIAMI FL MGR NEWBERG, RICHARD 7695 SW 104TH STREET, SUIT MIAMI FT. \*\*\*\*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 signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the mitted 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 AND TYPEO OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGILD

SIGNATURE: