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 ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1999 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

OF Limited Liability Company Name and Mailing Address of Limited Liability Company 1a. Principal Place of Business Address NIVJEE, L.C. 11813 FOUNTAINSIDE CIRCLE C/O VIVIAN A. MARSH-KOLTUN BOYNTON BEACH FL 33437 11813 FOUNTAINSIDE CIRCLE BOYNTON BEACH FL 33437 3a. State of Formation 3. Date Organized or Qualified 2 Principal Place of Business 2a. Mailing Address 12/31/1997 FLSuite, Apt. #, etc. Suite, Apt #, etc. 4. FEI Number Applied For 65-0802818 City & State Not Applicable City & State 5. Date of Last Report 6. Certificate of Status Desired Country Country Ζıρ 03/23/1998 \$8.75 Additional Fee Required 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent MARSH-KOLTUN, VIVIAN A 11813 FOUNTAINSIDE CIRCLE Street Address (P.O. Box Number is Not Acceptable) BOYNTON BEACH FL 33437 Suite Ant # 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 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 _ (Registered Agent Autopting Approximant) (Not't) Registered Agent signaturing process the remaining and City, State and Zip Code **Business Street Address** Managing Members/Managers 10. Title MARSH-KOLTUN, VIVIAN A 11813 FOUNTAINSIDE CIRCLE BOYNTON BEACH FL MGR 800002794648----03/04/99--01069--008 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 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 AND TYPE FOR PRINTED NAME OF SIGNIFICAND VIOLENCE MINISTER MINISTER

INHSE10 R (12-98)

SIGNATURE: