File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY 🦼 FLORIDA DEPARTMENT OF STATE Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 93 APR 30 E7 St 38 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE DOCUMENT # L98000000301 Name and Mailing Address of Limited Liability Company 1a. Principal Place of Business Address MANATEE ISLAND, LC P.O. BOX 74-1283 5046 ROSEN BLVD. BOYNTON BEACH FL 33474-1283 BOYNTON BEACH FL 33437 2 Principal Place of Business 3. Date Organized or Qualified | 3a. State of Formation 2a. Mailing Address 03/02/1998 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 65.0822228 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country Zip \$8.75 Additional Fee Required 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Name DIAZ DALY, BARBARA M 5046 ROSEN BLVD. Street Address (P.O. Box Number is Not Acceptable) BOYNTON BEACH FL 33437 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 ife 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. SIGNATURE \_\_ (Registered Agent Accepting Appellment). (NOT): Registered Agent seprence required when remaining their Managing Members/Managers **Business Street Address** 10. Title City, State and Zip Code MGRM DIAZ DALY, BARBARA M 5046 ROSEN BLVD. BOYNTON BEACH FL MGRM DIAZ, MYRON R 5046 ROSEN BLVD. BOYNTON BEACH FL 600002868456----05/07/39--01154--013 \*\*\*\*188.75 \*\*\*\*188.75 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Socilion 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.

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SIGNATURE:

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