File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FILED SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR 28 PH 4: 20 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT #** 198000000459 Name and Mailing Address of Limited Liability Company 1a. Principal Place of Business Address THE 2870 GROUP, L.L.C. 2870 PINETREE DRIVE 2870 PINETREE DRIVE MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 3. Date Organized or Qualified 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 04/09/1998 FT. Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 62-1734850 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Žip Country Zip MITIAL \$8.75 Additional Fee Required 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent **VALLIER, ANN** G 2870 PINETREE DRIVE Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33140 Suite Apt # etc. 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 (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) City, State and Zip Code **Business Street Address** Managing Members/Managers 10. Title 2870 PINETREE DRIVE MIAMI BEACH FL MGRM VALLIER, ANN G MGRM VALLIER, WILLIAM J 2870 PINETREE DRIVE MIAMI BEACH FL 100002870261;; -05/11/93 - 01002 --816 \*\*\*\*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

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attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER.

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 typistee empowered to execute this region as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

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