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 FILED Kathering ANNUAL REPORT Secretary of State 1999 99 MAR 26 AM 9:38 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company DOCUMENT # 198000000607 BARTRAM & BRAKENHOFF OF FLORIDA, L.C. 701 BRICKELL AVENUE, SUITE 1600 1a. Principal Place of Business Address 701 BRICKELL AVENUE, SUITE 1 MIAMI FL 33131 MIAMI FL 33131 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 05/14/1998 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 650834878 City & State City & State Not Applicable 6. Certificate of Status Desired 5. Date of Last Report Country ZiD Country Zip SB 75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name ANGELL CORPORATE SERVICES, INC. 250 ROYAL PALM WAY Street Address (P.O. Box Number is Not Acceptable) PALM BEACH FL 33480 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 \_ (flegistered Agent Accepts g Application) [NO!]: Regelered Agent signature required when most impli-10. Title **Business Street Address** City, State and Zip Code Managing Members/Managers MGRM LACZ, DAVID C 701 BRICKELL AVENUE, SUITE MIAMI FL 900002831449····1 04/06/99·-01091·-007\_ \*\*\*\*188.75 \*\*\*\*188.75 11. Ldo 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

MRERIOU MATAZIE E

0

SIGNATURE AND TYPE FOR PRINTED NAME OF SIGNALS MANAGETTS

attachment with an address.

\*\*IGNATURE:\*

E10 R (12-98)