


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company TENPLUS!, L.C. CT-CORPORATION-SYSTEM 1200-S.-PINE-ISLAND-ROAD- PLANTATION-FL-33324		DOCUMENT # L98000000643 <i>99-AR CM</i>	
2. Principal Place of Business 1240 route des Dolines Suite, Apt. #, etc. City & State Sophia Antipolis Zip 06902 Country France		1a. Principal Place of Business Address CT-CORPORATION-SYSTEM 1200-S.-PINE-ISLAND-ROAD PLANTATION-FL-33324 3. Date Organized or Qualified 05/19/1998 3a. State of Formation FL 4. FEI Number 52-2102381 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent MCLAUGHLIN, GREGORY A 110 S.E. 6TH STREET, 15TH FLOOR FORT LAUDERDALE FL 33301		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 000002871850--0 Suite, Apt. #, etc -05/11/99--01081--017 ****188.75 ****188.75 City FL 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. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE _____ DATE _____ <small>(If Registered Agent Applying Appointment) (Not If Registered Agent Signature to Appointment or Change of Agent)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	DETENDER, JEAN CLAUDE	%TENPLUS/B.P. 119	06902 SOPHIA ANTIPOL
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: <i>Detender</i> Jean Claude Detender 4.22.1999 334-9296-8918			