


MAY.21.1999 10:56AM

NO.727 P.2/2

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		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAY 21 PM 3:05	
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 BIOMECHANICAL DESIGN TECHNOLOGIES, L.C.		DOCUMENT # L98000000863		1a. Principal Place of Business Address 1451 Ancona Avenue Coral Gables, FL 33146	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 6/24/98	
				3a. State of Formation FLORIDA	
				4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> \$0.75 Additional Fee Required	
7. Name and Address of Current Registered Agent ALI R. SHAHIN 1451 ANCONA AVENUE CORAL GABLES, FL 33146			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code		
9. Pursuant to the provisions of Sections 608.416 and 608.506, 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 <u>Ali R. Shahin</u> <small>(Registered Agent Accepting Appointment)</small>			DATE <u>5/22/99</u>		
<small>(Signature required when replacing)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MM	ALI R. SHAHIN	1451 Ancona Avenue		Coral Gables, FL 33146	
000002892240- - 9: -06/02/99 -010315- -002 ****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) (f), 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: <u>Ali R. Shahin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF PERSON MANAGING VENTURE OR MANAGER</small>			DATE <u>5/22/99</u> (305) 284-5017 <small>Daytime Phone #</small>		