
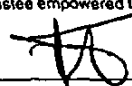


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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 JUN 22 AM 9: 58													
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 PAVER CITY, LLC 3300 N.W. 27TH AVENUE POMPANO BEACH FL 33069				DOCUMENT # L98000000917													
2. Principal Place of Business 1251 NE 40 ST. Suite, Apt. #, etc.		2a. Mailing Address Suite, Apt. #, etc.		3. Date Organized or Qualified 07/07/1998													
City & State POMPANO BEACH FL.		City & State		3a. State of Formation FL													
Zip 33064		Country BROWARD		4. FEI Number 65-0847920-090212													
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable													
7. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. 2 SOUTH BISCAYNE BLVD., SUITE 400 ONE BISCAYNE TOWER MIAMI FL 33131				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 608.508, 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>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-stating)</small>																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> <tr> <td>MGR</td> <td>BRITO, JOSEPH</td> <td>3300 N.W. 27TH AVENUE</td> <td>POMPANO BEACH FL</td> </tr> <tr> <td>MGR</td> <td>BRITO, RAELENE</td> <td>3300 N.W. 27TH AVENUE</td> <td>POMPANO BEACH FL</td> </tr> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGR	BRITO, JOSEPH	3300 N.W. 27TH AVENUE	POMPANO BEACH FL	MGR	BRITO, RAELENE	3300 N.W. 27TH AVENUE	POMPANO BEACH FL
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<div style="position: absolute; bottom: 10px; right: 10px; font-size: 1.2em;"> 05/04/99-90011-040 \$ 188.75 </div>																	
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 606, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.																	
SIGNATURE:  HGR 4-19-99 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>																	