File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE **Katherine Harris** ANNUAL REPORT FILED Secretary of State 1999 DIVISION OF CORPORATIONS 11 APR 26 FF 5: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE PONTY (TISIAH Name and Mailing Address of Limited Liability Company **DOCUMENT #** 198000001372 1a. Principal Place of Business Address T.J. MERLIN & CO., L.C. 1428 BRICKELL AVENUE, 6TH FLOOR 1428 BRICKELL AVENUE, 6TH FL MIAMI FL 33131 MIAMI FL 33131 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 08/06/1998 FLSuite, Apt. #, etc. Suite, Apt #, etc. 4. FEI Number Applied For City & State City & State 65-08824 Not Applicable 6. Certificate of Status Desired Zφ Zip Country Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name GEIGER, ROBERT S ESQ. 1428 BRICKELL AVENUE, 6TH FLOOR Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131 3000092860659: - 05/03/93 - 01131--001 ****188.75 ****188.75 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. Thereby accept the appointment as registered agent, and accept the obligations SIGNATURE ___ DATE. (Registered Agent Auroping Agent (next) (NOTE followed Agents gration of two lawsets on 10. Title **Business Street Address** City, State and Zip Code Managing Members/Managers MGRM GEIGER, ROBERT S ESQ. 1428 BRICKELL AVENUE, 6TH MIAMI FL 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. 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 SIGNATURE:

NTO NAME OF SCHOOL MAKES HES MEMORISH MISSES AR

Smith After And Clark

ROBERT S. GEIGER

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