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 A L. LIFE SEGNETARY OF STATE DIVISION OF CORPORATIONS Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 JUN 23 PH 4: 05 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT #** 198000001572 1a. Principal Place of Business Address JMHS ASSOCIATES, L.L.C. 6511 VIA ROSA 6511 VIA ROSA BOCA RATON FL 33433 BOCA RATON FL 33433 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 08/24/1998 TH. Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip. Country Zip Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office SCHULTZ DEVELOPMENT, INC. 6511 VIA ROSA Street Address (P.O. Box Number is Not Acceptable) BOCA RATON FL 33433 Suite, Apt. #, etc. City 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 (Registered Agent Accepting Appointment) - (NCTE - Registered Agent signature response) when remoduling Business Street Address 10. Title Managing Members/Managers City, State and Zip Code • MGR. SCHULTZ DEVELOPMENT, I 6511 VIA ROSA BOCA RATON FL 400002922714---\$ -07/02/99--01090--010 ****588,75 ****588.75 11 do hereby certify that the information supplied with this filipg does not qualify for the exemption stated in Section 1.19.07(3) (i). Florida Statutes. If urther certify that the information indicated on this annual report is true and accurate and that thy signature shall have the same legal effect as if made under path; that I am a managing member or manager of the limited liability company or the receivenor trustee empowered to be equite this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. STANCZUO 75 SIGNATURE:

JULY ME MINE ROOF MANAGER

INHSE10 R (12-98)