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 Katherine Harris ANNUAL REPORT Secretary of State FILED 1999 **DIVISION OF CORPORATIONS** 99 FEB 19 PM 3: 27 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE DOCUMENT # 198000001661 Name and Mailing Address of Limited Liability Company SECRETARY UP STAIL TALLAHASSEE, FLORIDA 1335, LLC 1a. Principal Place of Business Address 1040 BAYVIEW DRIVE, #528 1040 BAYVIEW DRIVE, #528 FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304 3. Date Organized or Qualified | 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 08/28/1998 FI. 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 Zω Country Zip Country S8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name FERDINAND & SULLIVAN, P.A. 100 WEST CYPRESS CREEK ROAD, SUITE 9 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33309 Suite, Apt. #, etc 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 aftermative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations DATE SIGNATURE (Registered Agent Accepting Applications) (NOTE Registered Agent signalure (equired when retribiting) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR DR. SIMKOWITZ, LOREN 1040 BAYVIEW DRIVE, #528 FORT LAUDERDALE FL 188.75
1335- Lemfee ****188.75 ****188.75 11. Ido 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 carrier of all effect as if made under eath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as report by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBERS OR MATAZIER