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 FII ED Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 HAY 20 AM 9: 32 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 SECHARASSEE, FLORIDA Name and Mailing Address of Limited Liability Company H&H REAL ESTATE HOLDING L.C. 18. Principal Place of Business Address 840 N.W. 7TH TERRACE 840 N.W. 7TH TERRACE FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311 3. Date Organized or Qualified 09/30/1998 2 Principal Place of Business 2a. Mailing Address 3a. State of Formation FLSAME 346 NW 77h TERRACE 4. FEI Number Applied For NOEMPLOYERS Not Applicable 94IIIE Ft. LAUDERDACE 5. Date of Last Report 6. Certificate of Status Desired KOW S8 75 Additional Fee Required BROWNIND SAME 11.0 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent BLODIG, GREGORY J ESQ. 100 WEST CYPRESS CREEK ROAD, SUITE 7 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33309 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 pure ose of changing its egistered 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 _ ... (Registered Agent Accepting Appointment) (NOT). Hegistered Agent signature required when reinstitling) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM GRADIDGE, TREVOR 10553 N.W. 53RD STREET SUNRISE FL MGRM HOSSEINI, SAM 1569 ISLAND WAY FT. LAUDERDALE FL 9h0002892339----06/02/99--01042--001 ****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. If urther 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

BEVOR GRADIOGO

anuf

OFFHIRITE TYME OF SIGNING MANAGING MEMBLE OF MANAGER

SIGNATURE:

INHSE 10 R (12-98)