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 FILED Secretary of State 1999 DIVISION OF CORPORATIONS on APR 16 PH 5: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L98000002149 1a. Principal Place of Business Address THE KARASU GROUP, L.L.C. 4100 NORTH OCEAN DRIVE, SUITE 602 4100 NORTH OCEAN DRIVE, SUIT RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 4100 Waccon DK 10/06/1998 I. FEI Number ON 602 Applied For Not Applicable 6. Certificate of Status Desired S8 75 Additional Fee Required 8. Name and Address of New Registered Agent/Office KARASU, SUAT Street Address (P.O. Box Number is Not Acceptable) 4100 NOPTH OCEAN DRIVE, SUITE 602 RIVIERA BEACH FL 33404 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR KARASU, SUAT 4100 NORTH OCEAN DRIVE, SU RIVIERA BEACH FL P.O. BOX 500997 N/A MGR COOK, R. WILLIS ATLANTA GA \*\*\*\*188.7 \*\*\*\*188.75 1. 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. Hurther certify that the information ndicated 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 imited 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.

DIGNATURE AND 1994 I OF CHINTE DINAME OF SIGNING MANAGING MEMBER OF MANAGE

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