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 FILED Katherine Harris ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** 99 MAR 17 AN 8: 19 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Secretary of Secretarian Secre Make Check Payable To: FLORIDA DEPARTMENT OF STATE DOCUMENT # L98000002229 Name and Mailing Address of Limited Liability Company AGBLLC OF FLORIDA, LIMITED LIABILITY COMPA 18. Principal Place of Business Address 3225 AVIATION AVENUE, SEVENTH FLOOR 3225 AVIATION AVENUE, SEVENT COCONUT GROVE FL 33133 COCONUT GROVE FL 33133 3. Date Organized or Qualified 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 10/09/1998 4. FEI Number Suite, Apt. #, etc. FL Suite, Apt. #, etc Applied For City & State City & State Not Applicable 6. Certificate of Status Desired 5. Date of Last Report Country Zip Country Žιρ \$8.75 Additional Fee Required B. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent KAMENESH, PETER Z Street Address (P.O. Box Number is Not Acceptable) 3225 AVIATION AVENUE, SEVENTH FLOOR COCONUT GROVE FL 33133 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. DATE (Registered Agent Accepting Application of a "the"). Help ferred Agent signation in grand when remaining **Business Street Address** City, State and Zip Code 10. Title Managing Members/Managers 3225 AVIATION AVENUE, SEVE COCONUT GROVE FL FT. MYERS MANAGEMENT, MGR 5d0002821035---03/26/99--01134--006 ****188.75 ****188.75 5L 24-97 led in Section 119.07(3) (i). Florida Statutes _ [Jurther certify that the information. at the information supplied with this filing es not qualify for the exemption sta signature shall have the same local effect as it made under oath, that I am a managing member or manager of the local execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an indicated on this annual report is true and accurate and that m limited liability company or the receiver or trustee empowered to attachment with an address

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