File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FILED SECRETARY OF STATE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY **Katherine Harris** DIVISION C. COSPONATIONS ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAR 24 AM 10: 37 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address **DOCUMENT #** of Limited Liability Company L98000002340 1a. Principal Place of Business Address TRIVEST-DYNO, LLC 2665 SOUTH BAYSHORE DRIVE, SUITE 800 2665 SOUTH BAYSHORE DRIVE, S MIAMI FL 33133-5401 MIAMI FL 33133 3. Date Organized or Qualified | 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 10/21/1998 FI. Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 6. Certificate of Status Desired Zip Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office KLEIN, PETER W Street Address (P.O. Box Number is Not Acceptable) 2665 SOUTH BAYSHORE DRIVE, SUITE 800 MIAMI FL 33133 200002826452__\$ Suite, Apt. #, etc. -04/01/93---01054---017 ****|28-75---***|88.75 City 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 Assepting Appointment, "(Nint)). Hely record Agent separation opening where a residence Business Street Address City, State and Zip Code 10. Title Managing Members/Managers MGR POWELL, EARL W 2665 SOUTH BAYSHORE DRIVE MIAMI FL MGR KLEIN, PETER W 2665 SOUTH BAYSHORE DRIVE MIAMI FL MGR MCDOWELL, DEREK A 2665 SOUTH BAYSHORE DRIVE MIAMI FL 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. Hurther 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

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SIGNATURE: Y

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