File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS on LPR 16 PH 5: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE Name and Mailing Address of Limited Liability Company DOCUMENT # L98000002382 1a. Principal Place of Business Address RED BOWL, LLC C/O WARREN V. BLASLAND, JR. 333 WEST CAMINO GARDENS BLVD C/O WARREN V. BLASLAND, JR. 333 WEST CAMINO GARDENS BLVD. BOCA RATON FL 33432 BOCA RATON FL 33432 3a. State of Formation 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 10/22/1998 -Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 203 203 Applied For Suite Not Applicable 65-0870174 6. Certificate of Status Desired Zip Country \$8.75 Additional Fee Required B. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent MINERLEY, KENNETH 980 NORTH FEDERAL HIGHWAY, SUITE 205 Street Address (P.O. Box Number is Not Acceptable) BOCA RATON FL 33432 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 DATE red Aged Signative required when renetating 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM BLASLAND, WARREN V JR. 333 WEST CAMINO GARDENS BL BOCA RATON FL MGRM ALTERMAN, KARL 22191 POWERLINE ROAD, SUIT BOCA RATON FL 500002849955---04/23/39--01093--020 ****188.75 ****188.79 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 hiability 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 accurate with the discount of the section attachment with an address. SIGNATURE: SIGNATURE AND TYPE OF OR ERICITED NAME OF SIGN DIGMENTAGING OF MULTICIPENSME LET

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