File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DERARTMENT OF STATE Katherine Harris ANNUAL REPORT Secretary of State 1999 FILED DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee 99 MAR 18 AM 11: 30 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company **DOCUMENT #** L98000002388 OSA PARTNERS LLC 1375 W. HILLSBORO BLVD. 1375 W. HILLSBORO BLVD. DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2 Principal Place of Business 3. Date Organized or Qualified | 3a. State of Formation 2a. Mailing Address 10/23/1998 FL Suite Ant. #, etc. Suite Apt #, etc. Applied For 65-0634044 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Namo ANDERSON, LARRY W Street Address (P.O. Box Number is Not Acceptable) 1375 W. HILLSBORO BLVD. DEERFIELD BEACH FL 33442 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. Thereby accept the appointment as registered agent, and accept the obligations. DATE SIGNATURE (Boye ferror Agrent Accepting Approximate) (In Orthogonesis Agrent signation in green when Managing Members/Managers 10. Title **Business Street Address** City, State and Zip Code ANDERSON, LARRY W MGR 1375 W. HILLSBORO BLVD. DEERFIELD BEACH FL MGR ANDERSON, JEFFREY M 1375 W. HILLSBORO BLVD. DEERFIELD BEACH FL 207025--3 -03/26/39--01115--028 ****197.50 ****197.50 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i), Florida Statutes. I further 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 eath, 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 attachment with an address.

GIGNARDIAL AND TYPETO OR PAINTED NAME OF SCIENCE MANAGET AND MEETING MACAGINE

SIGNATURE: