2nd and File on or before Sept. 29, 1999 or Limited Liability Company FINAL NOTICE: will be dissolved. FILED 2/0/2/ LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris ANNUAL REPORT 99 OCT 12 PM 1: 35 Secretary of State 1999 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE FLORIDA FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee \$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE DOCUMENT # L98000002410 1a. Principal Place of Business Address PSM-OUT-I, LLC C/O GUNSTER, YOAKLEY, VALDES-FAULI & STEWA C/O GUNSTER, YOAKLEY, VALDES 2 S. BISCAYNE BLVD., SUITE 3 2 S. BISCAYNE BLVD., SUITE 3400 MIAMI FL 33131 MIAMI FL 33131 3. Date Organized or Qualified | 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 10/27/1998 4. FEI Number FLSuite. Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 13-4030760 5. Date of Last Report 6. Certificate of Status Desired 740 Žip Country Country 58-75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office EISENSTADT, DAVID LEE Street Address (P.O. Box Number is Not Acceptable) 419 W. 49TH STREET 300003023143---2 -10/25/99--01006--005 \*\*\*\*588.75 \*\*\*\*588.75 HIALEAH FL 33012 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. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE DATE (Hogistered Agent Accepting Appointment). (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM PHILIPS INTERNATIONAL 417 FIFTH AVENUE NEW YORK NY 11. Ido hereby certify that the information supplied with this filing does not indicated on this annual report is true and accurate and that my signal. quality for the exemption stated in Section 119.07(3) (i), Florida Statutes. Hurther certify that the information ame legal effect as if made under oath; that I am a managing member or manager of the shall have the quired by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

IG MEMBER OR MANAGER

can pro present 9/30/95

INUSE10 R (6/99)

SIGNATURE: