• 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** 99 FEB 22 AM 8: 58 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SLORETARY OF STATE TALLAHASSEE, FLORIDA \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT #** L98000002503 Name and Mailing Address
of Limited Liability Company 1a. Principal Place of Business Address SMS FINANCIAL SERVICES, L.L.C. 5725 SW 77 TERRACE 5725 SW 77 TERRACE SOUTH MIAMI FL 33143 SOUTH MIAMI FL 33143 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 10/29/1998 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65.0873422 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country S8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office TOCA, MARIO E Street Address (P.O. Box Number is Not Acceptable) 5725 SW 77 TERRACE SOUTH MIAMI FL 33143 800002789348---8 -02/26/99--01111--020 ****188.75 ****188.75 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. I hereby accept the appointment as registered agent, and accept the obligations SIGNATURE (Registered Agent Anneyting Appointment). (NOTE: Bagistered Agent signature required when renetating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM KLEIN, STEVE 5725 SW 77 TERRACE SOUTH MIAMI FL TOCA, MARIO E 5725 SW 77 TERRACE SOUTH MIAMI FL MGRM GLUCKSTERN, STEVE 5725 SW 77 TERRACE SOUTH MIAMI FL 51.25-99 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 it made under oath, that tam 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

ROMATURE AND TYPED OR BINTED NAME OF SIGNING MANAGERS MEMBER OR MANAGER

attachment with an address.

INHSE10 R (12-98)

SIGNATURE: TYPES