File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT FILED Secretary of State 1999 DIVISION OF CORPORATIONS 99 FEB 22 PM 2: 18 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF MEAST TALLAHASSEE, FLORIDA \$ 188.75 Name and Mailing Address of Limited Liability Company **DOCUMENT #** L9800002671 1a. Principal Place of Business Address SBN MILITARY TRAIL, L.C. -2808 N.E. 32ND STREET 2808 N.E. 32ND STREET LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 33064 2. Principal Place of Business 1201 5 Military 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 2208 N.E. 32 St 11/12/1998 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 65- 0875715 Depriso Not Applicable 5. Date of Last Report 33442 1310.40101 33064 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent/Office FUCHS, LAWRENCE M ESQ. 590 ROYAL PALM BEACH BOULEVARD Street Address (P.O. Box Number is Not Acceptable) ROYAL PALM BEACH FL 33411 600002759116 -02/26/99--01095--006 Suite, Apt. #, etc. **** 20 000 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 Accepting Approntinent): (NOT): Registered Agent signature rule he flwhen remotalise; **Business Street Address** 10. Title Managing Members/Managers City, State and Zip Code BERGMAN, BERNARD 2808 N.E. 32ND STREET LIGHTHOUSE POINT FL MGR 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 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

NAME OF SIGNIAL MANAGING MEMBLEFOR MANAGER

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attachment with an address.

SIGNATURE: