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 Secretary of State 1999 DIVISION OF CORPORATIONS Common 177 2:22 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company **DOCUMENT # 198000002901** 1a. Principal Place of Business Address SRMB, L.C. 7380 S.W. 122 STREET MIAMI FL 33156 7380 S.W. 122 STREET MIAMI FL 33156 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 11/30/1998 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEt Number Applied For 65-0893571 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zφ Country N/4 \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office NA RAZZAGHI-AWAL, AMIR 7380 S.W. 122 STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33156 Suite, Apl. #, etc 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 DATE (Registered Agent All cepting Appointment). (NOTE: Registered Agent signature required when recrutating) **Business Street Address** 10. Trtle Managing Members/Managers City, State and Zip Code MGRM RAZZAGHI-AWAL, AMIR 7380 S.W. 122 STREET MIAMI FL 9980 S.W. 130 STREET MIAMI FL MGRM MAZOR, DAVID MGRM SADEGHI, ALI 15455 S.W. 82ND COURT MIAMI FL ncino2804779---03/12/99--01103--009 ****188.75 ****188.75 11. I downer eby 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

SIGNATURE AND TYPED OFFER A COLORAD OF SIGNATURE AND TYPED OF MANAGER.

INHSE10 R (12-98)

SIGNATURE: