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 APR 28 PN 4: 53 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SEUMÉTARY UN STÀTE TALLAHASSEE, FLORIDA Name and Mailing Address of Limited Liability Company DOCUMENT # L98000002927 1a. Principal Place of Business Address HB ASSET MANAGEMENT, L.C. 777 BRICKELL AVENUE, SUITE 1010 777 BRICKELL AVENUE, SUITE 1 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 11/25/1998 FL -Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zio Country 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office ARMAS, ANGEL 100 SOUTHEAST 2ND STREET, SUITE 3700 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131 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. SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR HENRIQUEZ, RAUL 777 BRICKELL AVENUE, SUITE MIAMI FL

11. Ido 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 of 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

SIGNATURE:

INHSE10 R (12-98)

SIGNATURE AND TYPED OFF RINTED NAME OF SIGNING MANAGING MEMBER OFF MANAGER

4/21/99

(305) 373-9000

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