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 FILED 1999 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee 00 10 Y 11 - 10 15: 00 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # 198000002928** 1a. Principal Place of Business Address 327 HOLDING GROUP, L.L.C. % GARY M. KRASNA, P.A. 1900 CORPORATE BLVD., N.W., SUITE 301 W * GARY M. KRASNA, P.A. 1900 CORPORATE BLVD., N.W., BOCA RATON FL 33431 BOCA RATON FL 33431 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 1755 NE 1499 Street 1755 NE 149 12/01/1998 FLSuite, Apt. #, etc. 4. FEI Number Applied For Pending City & State City & State Not Applicable Miami, Fl Mianie, +C 5. Date of Last Report 6. Certificate of Status Desired 58 75 Additional Fee Required USA 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name KRASNA, GARY M ESQ. 1900 CORPORATE BLVD., N.W., SUITE 30 Street Address (P.O. Box Number is Not Acceptable) BOCA RATON FL 33431 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. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE __ (Negstered Agent Accepting Appointment) (NOTE Registered Agent signature required when religious) **Business Street Address** 10. Title Managing Members/Managers City, State and Zip Gode 1900 CORPORATE BLVD. N.W., BOCA RATON FL **MOR** EDGE RESEARCH & DEVE; MGRIN) Now York, NY 10019 421 West 549 Street 800002874618⁴-0 -05/13/99--01112--007 ****188,75 ****188.75 11 I do hereby certify that the information supplied with this fiting 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 attachment with an address SIGNATURE:

UD TYPED OR PRINTED NAME OF SIGNOR'S MANAGING MEMBER OR MANAGER

Daylime Phone #

SIGNATURE

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