2<sup>nd</sup> and File on or before Sept. 29, 1999 or Limited Liability Company FILED W1/28 FINAL NOTICE; will be dissolved. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY 9 JUL 27 PH 2: 05 Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE FLORIDA Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee **FILING FEE** \$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address **DOCUMENT #** of Limited Liability Company L98000002946 1a. Principal Place of Business Address NEW BROWARD FINANCIAL SERVICES, L.L.C. 105 E. ROBINSON STREET, SUITE 201 105 E POBINCON CORDER 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 2781 W. S.R. 434 Suite, Apt. #, etc. 12/01/1998 4. FEI Number Suite, Apt. #, etc. Applied For City & State City & State 59-3540021 Not Applicable Zip Longwood FL 32779 5. Date of Last Report 6. Certificate of Status Desired Country 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office ALLEN, THOMAS R Street Address (P.O. Box Number is Not Acceptable) 105 E. ROBINSON STREET, SUITE 201 ORLANDO FL 32801 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 (NOTE Registered Agent signature required when reinst-10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code ×ĸďa 5× ári x x kolektúl som krát kelesti k z súj zo k javnog: Fyť XMGRM XALHYRN X XXHQMAS XR MGKM Scott P Smith Family 2781 W. State Rd. 434

Partnership LTD

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Longwood FL 32779