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 FILED Katherine Harris ANNUAL REPORT Secretary of State cappa 21 Fi 5: 09 1999 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT # L98000003243** 1a. Principal Place of Business Address BBY WEST PALM BEACH L.L.C. 9000 S.W. 152ND STREET, SUITE 106 MIAMI FL 33157 9000 S.W. 152ND STREET, SUIT MIAMI FL 33157 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 2 Principal Place of Business 12/17/1998 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 65-0881429 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Žio Country Zip Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office KUBIT, DONALD E ESQ. 100 S.E. 2ND STREET, 17TH FLOOR MIAMI FL 33131 Street Address (P.O. Box Number is Not Acceptable) 900002857099---****188.75 ****188.79 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 _ DATE (Registered Agent Alicepting Applicationing) (NOTE Registered Agent signature regional when remotating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code 9000 S.W. 152ND STREET, SU MIAMI FL MGR JAPPAH MANAGEMENT L., 11 Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i). Fiorida Statutes. If urther 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 analysis of 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:

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