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 FILED **Katherine Harris** ANNUAL REPORT Secretary of State 1999 20 /22 28 PH 5: 00 **DIVISION OF CORPORATIONS** FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # 198000003244** 1a. Principal Place of Business Address BAYFRONT VALET, L.L.C. 100 S. BISCAYNE BLVD., SUITE 850 100 S. BISCAYNE BLVD., SUITE MIAMI FL 33131 MIAMI FL 33131 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation / 12/15/1998 FLSuite, 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 Country Zip Country Zφ \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office GROSSMAN, DAVID N 100 S. BISCAYNE BLVD., SUITE 850 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131 500002868295---\$ -05/07/99---011**41--**-004 Suite, Apt. #, etc. ****188.75 ****188.75 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. DATE 4/20/89 SIGNATURE OTE: Registered Agent signature required when remstating) Managing Members/Managers **Business Street Address** City, State and Zip Code 10. Title 100 S. BISCAYNE BLVD., SUI MIAMI FL Suite 850, Miami, Roaila 33327 MGRM BAYFRONT VENTURES, 0555-000 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. 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 attachment with an address

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SIGNATURE: