

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<p><b>FILED</b></p> <p>MAR 21 PM 5:00</p> <p>SECRETARY OF STATE DIVISION OF CORPORATIONS</p>	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
<b>1. Name and Mailing Address of Limited Liability Company</b>  <b>DOCUMENT # L98000003245</b>  <b>NDC WINSTON-SALEM L.L.C.</b> <b>9000 S.W. 152ND STREET, SUITE 106</b> <b>MIAMI FL 33157</b>		<b>1a. Principal Place of Business Address</b>  <b>9000 S.W. 152ND STREET, SUITE 106</b> <b>MIAMI FL 33157</b>			
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.  City & State  Zip      Country		<b>2a. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip      Country		<b>3. Date Organized or Qualified</b> 12/17/1998  <b>4. FEI Number</b> 65-0881424  <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable  <b>5. Date of Last Report</b> 	
				<b>3a. State of Formation</b> FL  <b>6. Certificate of Status Desired</b> <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
<b>7. Name and Address of Current Registered Agent</b>  <b>KUBIT, DONALD E</b> <b>100 S.E. 2ND STREET, SUITE 1700</b> <b>MIAMI FL 33131</b>			<b>8. Name and Address of New Registered Agent/Office</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, etc. <b>600002857106</b> -04/29/99--01103--020 City <b>MIAMI</b> <b>FL</b> <b>Zip Code 33131</b>		
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 _____ (DATE _____) <small>(Registered Agent Accepting Appointment) (NOTICE: Registered Agent signature required when reappointing)</small>					
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code		
MGR	JAPPAH MANAGEMENT L.,	9000 S.W. 152ND STREET, SUITE 106	MIAMI FL		
11. I do 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 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.					
<b>SIGNATURE:</b> <b>J. PAPPAH, V.P. &amp; Sec.</b> <b>4-15-99 305-278-8400</b>					