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** FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 FEB 19 PH 3: 27 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SECRETARY OF STATE TALLAHASSEE, FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # L98000003392** 1a. Principal Place of Business Address CLINTON ASSOCIATES LIMITED COMPANY 9400 SOUTH DADELAND BLVD., S 9400 SOUTH DADELAND BLVD., SUITE 605 MIAMI FL 33156 MIAMI FL 33156 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 12/28/1998 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0883320 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country N/A \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name ELIOT, NORMAN A 9400 SOUTH DADELAND BLVD., SUITE 605 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33156 Suite, Apt. #, etc. Zıp Code City 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 _ JTAG (Registered Agent Accepting Appointment) (NOTE: Registered Agent's goat ire required with most king.) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code SEGAL, JOSHUA J MGRM 8613 S.W. 79TH PLACE MIAMI FL MGRM SEGAL, JUDY 201 W 70TH STREET #15G NEW YORK NY MGRM SEGAL, RICHARD 9690 SOUTH 1300 EAST, SUIT SALT LAKE CITY UT 502/26/99--01096--012 ****188.75 ****188.75

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. 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 it 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

MEMBER

2/16/99

305-670-4444

INHSE10 R (12-98)

attachment with an address SIGNATURE: