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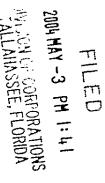
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Barbara J. Kelly, Esq. 46 Castle Ridge Road Manhasset, NY 11030

516.869.1192; fax 516.627.0696 bjkelly@optonline.net January See Line

Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

April 28, 2004

Dear Sir/Madam:

Enclosed please find an application by ANC Management LLC, a limited liability company under the laws of Delaware for authorization to transact business in Florida, together with a Certificate of Designation of Registered Agent and an original Certificate of Good Standing from the State of Delaware.

A check in the amount of \$125.00 to process this application is enclosed.

Please contact me if you have any questions.

Very truly yours,

Barbara J. Kelly, Esq.

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

ANC Management LL	C 9 %
2. The name and the Florida street address of the registered agent an	nd office are:
Var W. Mitchell (Name)	
4445 Novth A-1-A #235 Florida street address (P.O. Box NOT ACCEPTA	ABLE)
Vero Beach FL 3296 (City/State/Zip)	3 م
Having been named as registered agent and to accept service of proce liability company at the place designated in this certificate, I hereby as registered agent and agree to act in this capacity. I further agree to a statutes relating to the proper and complete performance of my duties, accept the obligations of my position as registered agent as provided for the complete performance of my position as registered agent as provided for the complete performance of my position as registered agent as provided for the complete performance of my position as registered agent as provided for the complete performance of my position as registered agent as provided for the complete performance of my duties, accept the obligations of my position as registered agent as provided for the complete performance of my duties, accept the obligations of my position as registered agent as provided for the complete performance of my duties, accept the obligations of my duties, accept the obligations of my position as registered agent as provided for the proper and complete performance of my duties, accept the obligations of my duties.	ccept the appointment as omply with the provisions of all , and I am familiar with and

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$

5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ANC MANAGEMENT LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF MARCH, A.D. 2004.





Harriet Smith Windson Sorromy of State

AUTHENTICATION: 2973639

DATE: 03-08-04