File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED SECRETARY OF STATE DIVISION OF CORPORATIONS LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** 99 APR 26 AM 1: 32 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company **DOCUMENT # M94000000025** 1a. Principal Place of Business Address SMR ADVISORY GROUP, L.C. 5440 N.W. 33RD AVENUE au-A2 5440 N.W. 33RD AVENUE SUITE 106 SUITE 106 FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 04/12/1994 TXSuite. Apt. #. etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0474886 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 03/09/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name THE LAW PRACTICE OF J.B. GROSSMAN, P. 2300 E. LAS OLAS BLVD Street Address (P.O. Box Number is Not Acceptable) 4TH FLOOR FT LAUDERDALE FL 33301 Suite, Apl. #, etc. City 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. **SIGNATURE** (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** MMBR KOENIGSBERG, ALBERT 5440 N.W. 33RD AVENUE, SUI FT. LAUDERDALE FL 10002866394---05/07/99--01018--013 \*\*\*\*188.75 \*\*\*\*188.**7**5 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 epon as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGEN MEMBER OR MANAGER

JNHSE10 R (12-98)