File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY & FILED SECRETARY OF STATE DIVISION OF CORPORATIONS Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 98 APR 23 PM 2: 13 Name and Mailing Address of Limited Liability Company 此山洲 **DOCUMENT** # M9400000159 1a. Principal Place of Business Address DELANCEY ST. -- COCONUT CREEK, LLC, L.C. 1827 WALDEN OFFICE SQUARE 1827 WALDEN OFFICE SQUARE SUITE 550 SUITE 550 SCHAUMBURG IL 60173 SCHAUMBURG IL 60173 3. Date Organized or Qualified | 3a. State of Formation 2. Principal Place of Business 2a. Mailing Address 12/12/1994 4. FEI Number IN Suite, Apt. #, etc. Suite, Apt. #, elc. Applied For City & State City & State Not Applicable 35-1935023 5. Date of Last Report 6. Certificate of Status Desired Country Country Zip Zip \$8.75 Additional Fee Required 10/01/1997 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent MESSENGER, LEROY K Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH DELI, LLC 3985 JOG ROAD Suite, Apt. #, etc. GREEN ACRES FL 33467 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. ngistured Agont Accepting Application (NOTE Registered Agont signature required when reinstating) SIGNATURE Managing Members/Managers City, State and Zip Code **Business Street Address** 10. Title SCHAUMBURG IL 60173 HMS RESOURCE, INC. 1827 WALDEN OFFICE SQUARE, MGR. 400002502604---04/28/98--01052--010 ****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 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

SIGNATURE: Liloy humber, furifut, this Lesone dr., signifi are and type of printed have of signing managing member of manager