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 FILED **Katherine Harris** ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAR 15 AM 10: 41 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SEGGERARY OF STAIRS **DOCUMENT # M95000000105** 1a. Principal Place of Business Address PIA HOLDING L.L.C., L.C. 645 PARK OF COMMERCE WAY 645 PARK OF COMMERCE WAY BOCA RATON FL 33487 BOCA RATON FL 33487 3. Date Organized or Qualified 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 05/01/1995 DE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65~0575643 Not Applicable 5. Date of Last Report 6 Certificate of Status Desired Country Country Zip Zin \$8.75 Additional Fee Required 04/27/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office HARTNEY, KEVIN P 645 PARK OF COMMERCE WAY Street Address (P.O. Box Number is Not Acceptable) BOCA RATON FI. 33487 Suite, Apt. #, etc. 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 DATE SIGNATURE (Rogistered Agent Accepting Appointment) (NOTE Registered Agent signature required when resistating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zin Code MGRM AGES HOLDING CORP., 645 PARK OF COMMERCE WAY BOCA RATON FL MGRM FESSLER, DAVID G 645 PARK OF COMMERCE WAY BOCA RATON FL MGRM FESSLER, ROBERT W 645 PARK OF COMMERCE WAY BOCA RATON FL ****188.75 ****188.7 11. Ido hereby certify that the information supplied with this filing does not quality for the exemption enabed in Section 119.0743 (i), Florida Staylies 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 younder outh, that I am a managing member or manager of the limited liability company or the receiver or trustee on powered to specure this report as a duired by Chapter 108, Florida Statutes, and year my name appears in Block 10, or on an attachment with an address. SIGNATURE: EU OR PENTE U NAME OF SIGNING MANAGING MEMBEH OH MATAGIFE

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