File oh or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State 99 APR 30 PM 4: 20 1999 **DIVISION OF CORPORATIONS** SECINE HAINT OF STATE TALLAHASSEE, FLORIDA FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # M96000000054** 1a. Principal Place of Business Address D&J MANAGEMENT, L.L.C. 2650 N. MILITARY PARKWAY, SUITE 350 2650 N. MILITARY PARKWAY, SU BOCA RATON FL 33431 BOCA RATON FL 33431 2. Principal Place of Business 3. Date Organized or Qualified 2a. Mailing Address 3a. State of Formation 02/21/1996 DE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0589188 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 05/27/1998 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent/Office NATIONAL CORPORATE RESEARCH, LTD. 1406 HAYS STREET ~ SUITE 2 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 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. Thereby accept the appointment as registered agent, and accept the old SIGNATURE DATE ng Apportment) (401). Begistered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM LUCIANI, JOHN III 2650 N. MILITARY PARKWAY, BOCA RATON FL MGRM LUCIANI, DORIAN 2650 N. MILITARY PARKWAY, BOCA RATON FL 940002868049----05/07/99--01126--023 ****188, 25 ****188**. 7**5 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. Hurther 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 attachment with an address

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER OF MANAGER

INHSE10 R (12-98)

SIGNATURE: