

2<sup>nd</sup> and FINAL NOTICE: File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 JUL 29 AM 11:06

<b>FILING FEE</b> \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company  <b>TUTOR HOLDINGS, LLC 15901 OLDEN STREET SYLMAR CA 91342</b>	<b>DOCUMENT #</b> M97000000066
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1a. Principal Place of Business Address  <b>15901 OLDEN STREET SYLMAR CA 91342</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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3. Date Organized or Qualified <b>02/19/1997</b>	3a. State of Formation <b>DE</b>
4. FEI Number <b>94-4568674</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

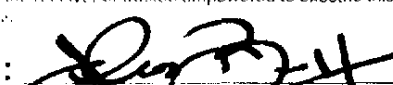
7. Name and Address of Current Registered Agent  <b>NATIONSCORP REGISTERED AGENTS, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301</b>
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8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <b>FL</b>
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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 _____ DATE _____ <small>(Signature of Agent/Acceptor of Appointment) (NOTE: Registered Agent signature required when reappointing)</small>
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10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	TUTOR-SALIBA CORPORA,	15901 OLDEN STREET	SYLMAR CA
MGRM	KRISTRA-INVESTMENTS, L	15901 OLDEN STREET	SYLMAR CA

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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 report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment, with an address.  SIGNATURE:  <b>JOHN D. BARRETT</b> <b>V.P. TUTOR-SALIBA CORPORATION</b> (B18) 362-8391 Date: 7-30-98 Daytime Phone #
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