File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED LAY/20 LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham **ANNUAL REPORT** Secretary of State 98 APR 17 PM 1: 17 1998 **DIVISION OF CORPORATIONS** SECRETARY 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 Malling Address of Limited Liability Company **DOCUMENT #** M97000000291 1a. Principal Place of Business Address LIREN ENTERPRISE, LLC 4905 TENNYSON CT 4905 TENNYSON CT KISSIMMEE FL 34746 KISSIMMEE FL 34746 2. Principal Place of Business 3. Date Organized or Qualified 3a. State of Formation <u>736 Avenida Quinta</u> 05/22/1997 DE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3433056 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country S8-75 Additional Fee Flequired 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Street Address (P.O. Box Number is Not Acceptable) HUANG, SIFANG 4905 TENNYSON CT KISSIMMEE FL 34746 Zip Code 34711 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. (Registered Agent Accepting Appointment) (NOTE Registered Agent signals of SIGNATURE_ 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR ZHONG, WEI SHENG 736 AVENIDA QUINTA #101 CLERMONT FL MGR HUANG, SIFANG 4905 TENNYSON CT KISSIMMEE FL MGR HOU, SHAN-HU 736 AVENIDA QUINTA #101 CLERMONT FL 600002498776— -04/24/98--01005--040 ****188.75 ****188.75

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SIGNATURE:

| SIGNATURE | SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER OF MANAGER | Date | Daytomo

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 ilmited 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