File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

attachment with an address.

SIGNATURE:

FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 **DIVISION OF CORPORATIONS** 98 MAR 23 PM 4: 05 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 188.75 Name and Mailing Address of Limited Liability Company **DOCUMENT # M97000000335** LN3/23 DOCK-IT, LIMITED LIABILITY COMPANY 1101 BRICKELL AVENUE, SUIE M-100 1101 BRICKELL AVENUE, SUIE M MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 2a. Malling Address 3. Date Organized or Qualified 3a. State of Formation 06/11/1997 WY Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0754057 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country Zip S8 75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name GUREN, SHELDON B 1101 BRICKELL AVENUE, SUITE M-100 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131 Suite, Apt. #, etc. City Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Figrida 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 Florings. 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. Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR RODRIGUEZ, LAURA L 8010 NOREMAC AVENUE MIAMI BEACH FL MGRM GUREN, SHELDON B 1101 BRICKELL AVENUE, SUIT MIAMI FL 500002466925---6 -03/24/98 --01091 --006 ****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 eath; 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

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