

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		PUBLIC SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR -9 PM 1:23	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M97000000449 CRG INVESTMENTS MANAGEMENT, L.L.C. 3665 120TH AVENUE SOUTH WELLINGTON FL 33414		1a. Principal Place of Business Address 1501 SEAMIST HOUSTON TX 77008			
2. Principal Place of Business 3665 120th Avenue South <small>Suite, Apt. #, etc.</small>		2a. Mailing Address 1501 Seamist Drive <small>Suite, Apt. #, etc.</small>		3. Date Organized or Qualified 07/29/1997	
City & State Wellington, FL <small>Zip</small> 33414 <small>Country</small> USA		City & State Houston, TX <small>Zip</small> 77008 <small>Country</small> USA		4. FEI Number 76-0552127 APPLIED FOR	
				5. Date of Last Report 04/03/1998	
				6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent BYRD, WADE R 340 ROYAL PALM WAY PALM BEACH FL 33480 new address only! ->			8. Name and Address of New Registered Agent/Office Name: Byrd, Wade R. Street Address (P.O. Box Number is Not Acceptable): 350 Royal Palm Way Suite, Apt. #, etc.: Suite 409 City: Palm Beach FL <small>Zip Code</small> 33480		
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 _____	
(Registered Agent Accepts Appointment) (2/21/98) (Registered Agent sign this statement when required)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MBR	GOODMAN, CARROLL R	1501 SEAMIST		HOUSTON TX	
800002801278-1 -03/10/99--01081--012 ****197.50 ****197.50					
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 <u>Carroll R Goodman</u> <u>Carroll R. Goodman</u> <u>2/26/99</u> <u>713/861-2500</u>					