File on or before May 1, 1999 or Limited Liability Company will be

subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT FILED Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAR - 1 PM 3: 15 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SEGRÉTARY OF STATE TALLAHASSEE, FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT # M97000000887** 1a. Principal Place of Business Address ATLANTIC CAPITAL INVESTMENT GROUP, L.L.C. 777 S. FLAGLER DRIVE 777 S. FLAGLER DRIVE PHILLIPS POINT WEST TOWER 8TH FLOOR PHILLIPS POINT WEST TOWER 8T WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 12/29/1997 DE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 58-2336768 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country \$8.75 Additional Fee Required 04/02/1998 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent/Office JUSTICE, KEVIN M 1065 KOKOMO KEY LANE Street Address (P.O. Box Number is Not Acceptable) DELRAY BEACH FI. 33483 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. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE. DATE . (Registered Agent Accepting Appointment) (NOTE: Registered Agent's gnature received when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code **MBR** WANG, CHAUN S 11701 HIGHLAND PLACE CORAL SPRINGS FL MBR JUSTICE, KEVIN M 1065 KOKOMO KEY LANE DELRAY BEACH FL MBR HSU, ANDREW 714 WINTHROP RD SAN MARINO CA **20**0002798142- - 0 -03/08/93--01123--003 \*\*\*\*188.75 \*\*\*\*188.75

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 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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SIGNATURE: