File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY FILED Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS 98 APR 29 PV 0: 09 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SEGRATARY OF STATE THE FAMILIA CENTRAL Name and Mailing Address of Limited Liability Company **DOCUMENT #** M9700000896 1a. Principal Place of Business Address GIRAM L.L.C. 5553 RAVENSWOOD ROAD, SUITE 104 5553 RAVENSWOOD ROAD, SUITE FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 12/31/1997 4. FEt Number Suite, Apt. #, etc. Suite, Apt. #. etc. Applied For City & State City & State Not Applicable 65-0789341 6. Certificate of Status Desired 5. Date of Last Report Country Zip Country Zip \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office GIRANDIN, JEAN-MARC 201 NORTH 178 STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33160 Suite, Apt. #, etc. Zip Code City 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 _ rod Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) **Business Street Address** 10. Title Managing Members/Managers City, State and Zip Code MGR GIRARDIN, JEAN-MARC 5553 RAVENSWOOD ROAD #104 FT LAUDERDALE FL 000002516400---5 -05/08/98--01004--003 ****188.75 ****188.75 11. I do hereby certify that the information supplied with this filling 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 timited 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OF MANAGER

986-6665

attachment with an address.

SIGNATURE: >