File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris FILED ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** 99 MAY -3 PM 12: 57 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SEGNETARY OF GEALL TALLAHASSEE, FLORIDA Name and Mailing Address
of Limited Liability Company **DOCUMENT # M98000000392** 1a. Principal Place of Business Address PQI PRODUCTIVITY MANAGEMENT L.L.C. 56 DUNBAR ROAD 56 DUNBAR ROAD PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation USA - DE S6 DUNBAR RD 04/22/1998 DE Suite, Apt. #, etc. Suite, Apt #, etc. 4. FEI Number Applied For City & State City & State 65-0830856 Not Applicable PALM BEACH GANDENS, FL 5. Date of Last Report 6. Certificate of Status Desired Country Zip \$8.75 Additional Fee Required 33418 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent/Office CORPORATION SERVICE , COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 Suite, Apt. #, etc. Zip Code 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 s 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 DATE 4/50/99 SIGNATURE (NOTE: Registered Agent signature required who uner of mout 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code HUHN, MITCHELL MGR 56 DUNBAR ROAD PALM BEACH GARDENS F 7400002871927--\$ -05/12/99--01/005--015 ****188 75 ****188,78 11. I do hereby certify that the information supplied with this filing does not quality 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