

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                                                                                                                                               |  |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|--|
| LIMITED LIABILITY COMPANY<br>ANNUAL REPORT<br>1999                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           | <br>FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  | FILED<br>SECRETARY OF STATE<br>DIVISION OF CORPORATIONS<br><br>99 MAR 22 AM 10:37 |  |
| <b>FILING FEE</b><br>\$ 188.75                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           | <b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b><br>Make Check Payable To: FLORIDA DEPARTMENT OF STATE                                                                    |  |                                                                                   |  |
| 1. Name and Mailing Address<br>of Limited Liability Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           | <b>DOCUMENT #</b> M98000000541                                                                                                                                                                |  | 1a. Principal Place of Business Address                                           |  |
| CALIFORNIA APOLLO HOLDINGS, LLC<br><del>624 SOUTH GRAND, 20TH FLOOR</del><br><del>LOS ANGELES CA 90017</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           | 99-AR<br>CM                                                                                                                                                                                   |  | <del>624 SOUTH GRAND, 20TH FLOOR</del><br><del>LOS ANGELES CA 90017</del>         |  |
| 2. Principal Place of Business<br>1603 Aviation Blvd.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           | 2a. Mailing Address<br>1603 Aviation Blvd.                                                                                                                                                    |  | 3. Date Organized or Qualified<br>05/29/1998                                      |  |
| Suite, Apt. #, etc.<br>E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           | Suite, Apt. #, etc.<br>E                                                                                                                                                                      |  | 3a. State of Formation<br>CA                                                      |  |
| City & State<br>Redondo Beach, CA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           | City & State<br>Redondo Beach, CA                                                                                                                                                             |  | 4. FEI Number<br>95-4677066                                                       |  |
| Zip<br>90278                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           | Country<br>USA                                                                                                                                                                                |  | 5. Date of Last Report<br>N/A                                                     |  |
| 7. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           | 6. Certificate of Status Desired<br>\$8.75 Additional Fee Required <input type="checkbox"/>                                                                                                   |  |                                                                                   |  |
| CORPORATION SERVICE, COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE FL 32301                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           | 8. Name and Address of New Registered Agent/Office                                                                                                                                            |  |                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           | Name                                                                                                                                                                                          |  |                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           | Street Address (P.O. Box Number is Not Acceptable)                                                                                                                                            |  |                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           | Suite, Apt. #, etc.                                                                                                                                                                           |  |                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           | City                                                                                                                                                                                          |  |                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           | Zip Code<br>FL                                                                                                                                                                                |  |                                                                                   |  |
| 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 _____<br><small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required on new filings)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                                                                                                                                                                                               |  |                                                                                   |  |
| 10. Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Managing Members/Managers | Business Street Address                                                                                                                                                                       |  | City, State and Zip Code                                                          |  |
| MGRM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NAGATA, ROBERT Y          | <del>624 SOUTH GRAND, 20TH FLOOR</del><br>1603 AVIATION BLVD., #E                                                                                                                             |  | <del>LOS ANGELES CA</del><br>REDONDO BEACH, CA<br>90278                           |  |
| 5.00002823575-7<br>-03/30/99--01051--021<br>****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)(j), 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           | 3/16/99 (213) 630-5030                                                                                                                                                                        |  |                                                                                   |  |
| SIGNATURE AND TITLE OF OFFICIAL (NAME OF SIGNING MANAGER, MEMBER OR MANAGER)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           | Date: _____                                                                                                                                                                                   |  |                                                                                   |  |