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 Secretary of State 1999 DIVISION OF CORPORATIONS S2 MAR 23 AM 10: 37 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # M98000000598** 1a. Principal Place of Business Address MIDAS REX MANAGEMENT LLC 3001 RACE STREET 3001 RACE STREET FORT WORTH TX 76111 FORT WORTH TX 76111 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 06/09/1998 DE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 75-2756932 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name NRAI SERVICES, INC. 526 EAST PARK AVENUE Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 City 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. Thereby accept the appointment as registered agent, and accept the obligations. DATE SIGNATURE (Registered Agent Accepting Apparorment) (NOTE: Falgistered Agent signarments pared who in not also **Business Street Arldress** 10. Title Managing Members/Managers City, State and Zip Code MGR MITCHELL, JANE M DR. 3001 RACE STREET FORT WORTH TX MITCHELL, GLEN B DR. 3001 RACE STREET FORT WORTH TX MGR 3001 RACE STREET MGR PERSSON, ERIK FORT WORTH TX MGR KOFFLER, STEPHEN A 11755 WILSHIRE BLVD., SUIT LOS ANGELES CA 000002825996- 2 04/01/39--01038--002_ ****188.75 ****188.75 11. Ido 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 tegal effect as it 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

SIGNATURE AND TYPE DICHORRING DINAME OF CARRY (MADA JUZZIM) MIRROROUS MADELLING

SIGNATURE: