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 APR 12 PH 3: 53 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE - SEGNE, ART C. STATE TALLAHASSEE, FLOREDA Name and Mailing Address
of Limited Liability Company **DOCUMENT # M98000000784** 1a. Principal Place of Business Address U.S. PAYTEL OPTIMA II, L.L.C. 11,000 PROSPERITY FARMS RD 11,000 PROSPERITY FARMS RD PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation HASCALL 8247 8247 07/20/1998 NV Suite, Apt. #, etc. Suite, Apt. #, etc 4. FEI Number Applied For City & State City & State 65-0866292 Not Applicable OMAHA ÜSA 68124 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent/Office JOYCE, PAUL 11,000 PROSPERITY FARMS RD #301 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS FI. 33410 Suite Apt # elc 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 Fiorida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations SIGNATURE ____ (Registered Agent Accepting Appendment). (At III) Hospitale (Agent Agent Agent Agent) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM SPALMA, DAMIAN 11,000 PROSPERITY FARMS RD PALM BEACH GARDENS T MGRM OTTO, EDWARD 8247 HASKELL RD OMAHA NE HASCALL 5043 SW 71 T PLACE MIAMI, FL 33155 BAXT, MITCHELL 11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Hurther 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

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SIGNATURE:

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