File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED SECRETARY OF STATE DIVISION OF CORPORATIONS LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris ANNUAL REPORT Secretary of State
DIVISION OF CORPORATIONS 1999 99 MAR | | PM |: 10 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 # M98000000898** 1a. Principal Place of Business Address TUTOR CAYMAN HOLDINGS LDC, LIMITED COMPANY 15901 OLDEN STREET 15901 OLDEN STREET SYLMAR CA 91342 SYLMAR CA 91342 3. Date Organized or Qualified 2. Principal Place of Business 2a. Mailing Address 3a. State of Formation 08/17/1998 OC Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 98-0190463 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country S8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name HAYES, WARREN D SR. 321 ROYAL POINCIANA PLAZA Street Address (P.O. Box Number is Not Acceptable) PAIM BEACH FL 33480 Suite, Apt #, etc. 500002806055----03/15/99 --01103--017 \*\*\*\*196.0% \*\*\*\*188.75 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 \_ (Registered Agent Accepting Appointment): (NOTE: Registered Agent signal ite respired whim resist more 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM TUTOR HOLDINGS, LLC 15901 OLDEN STREET SYLMAR CA MGRM TUTOR-SALIBA CORPORA, 15901 OLDEN STREET SYLMAR CA

11. I do hereby certify that the information supplied with this filing 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 eath, 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:

INHSE10 R (12-98)