FILING FEE Annual Report \$100.00 + \$68.75 Corporation Supplemental Fee \$188.75 Make Check Payable Tor \$100.00 + \$68.76 Corporation Supplemental Fee \$188.75 Make Check Payable Tor \$100.00 + \$68.76 Corporation Supplemental Fee \$188.75 Make Check Payable Tor \$100.00 1		D LIABILITY COMPAN ANNUAL REPORT 1999	Y F	LORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		ON MR 10 131 9: 52				
1 Name and Malling Address DOCUMENT # M9800000931 1 SISTEMEL LLC 301 CLEMATIS STREET, SUITE 3000 SISTEMEL LLC 301 CLEMATIS STREET, SUITE 3000 WEST PALM BEACH FL 33401 2 Principal Place of Business Address 2 Mailing Address 2 Mailing Address 3 Date Organized or Qualified 3 State of Formation 08/24/1998 DE 4. FEI Number		FEE Annual Report \$1	20111111111							
SISTEMEL LIC 301 CLEMATIS STREET, SUITE 3010 LEMATIS STREET, SUITE 3010 LEMATIS STREET, SUITE 3040 LEMATIS STREET, SUITE 3040 CLEMATIS STREET, SUITE 3050 CLEMATIS STREET, SUITE 306 CLEMATIS STREET, SUITE 307 BLEACH FL 33401 3. Date Organized or Qualified 3a. State of Formation 08/24/1998 DE 4. FERNIMBE City & State City & Stat	1. Name a	and Mailing Address				<u> </u>				
Suite, Apl #, etc Suite, Apl #, etc Suite, Apl #, etc Suite, Apl #, etc Applied Appli	3	301 CLEMATIS ST	rreet, su: H FL 3340	ITE 3000 1		301 CLE	MATIS S	TREET,		
Suite, Apt #, etc City & State T. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Office Name T. Name and Address of New Registered Agent (Courted Name T. Name and Address of New Registered Agent (Courted Name T. Name and Address of New Registered Agent (Courted Name T. Name and Address of New Registered Agent (Courted Name T. Name and Address of New Registered Agent (Courted Name T. Name and Address of New Registered Agent (Courted Name T. Name and Address of New Registered Agent (Courted Name T. Name and Address of New Registered Agent (Courted Name T. Name and Address of New Registered Agent (Courted Name T. Name and Address of New Registered Agent (Courted Name T. Name and Address of New Registered Agent (Courted Name T. Name and Address of New Registered Agent (Courted Name T. Name and Address of New Registered Agent (Courted Name T. Name and Address of New Registered Agent (Courted Name T. Name and Address of New Registered Agent (Courted Name T. Name and Address of New Registered Agent (Courted Name T. Name and Address of New Registered Agent (Courted Name T. Name and Address of New Registered Agent (Courted Name T. Name T. Name and Address of New Registered Agent (Courted Name T. Name and Address of New Registered Agent (Courted Name T. Name and Address (Courted Name T. Name and Address of New Registered Agent (Courted Name T. Name and Address (Courted Name T. Name and Address of New Registered Agent (Courted Name T. Name and Address (Courted Name T. Name and Addres	2 Principa	al Place of Business	2a. Mail	g Address		3. Date Organized or Qualified		3a. State of Formation		
City & State Ci	· ·			t # etc	# ole		08/24/1998		DE	
To Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name LOREN, BRUCE E ESQ. 301 CLEMATIS STREET, SUITE 3000 WEST PALM BEACH FL 33401 Street Address (F.O. Box Number is Not Acceptable) Suite, Apt. #. etc. City FL Zip Code FL Zip Co	Suite, Apr.	Suite, Apt. #, etc. Suit		Apt. #, etc.		4. FEI Number		· [Applied For	
7. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 8. Name and Address of Name Registered Agent/Office Name	City & State		City & St	City & State		1		S Contitue	Not Applicab	
Name Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Co.	untry	5, Dale of Last h	eport			
Street Address (P.O. Box Number is Not Acceptable) DATE Street Address (P.O. Box Number is Not Acceptable) DATE Street Address (P.O. Box Number is Not Acceptable) Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Address (P.O. Box Number is Not Acceptabl		7. Name and Address of	Current Registered	Agent	8.	Name and Address	of New Regis	tered Agent/	Office	
10. Title Managing Members/Managers Business Street Address City, State and Zip Code MGR PALLARES, ENRIQUE 301 CLEMATIS STREET, SUITE WEST PALM BEACH F MGR FELIX, JUAN C 301 CLEMATIS STREET, SUITE WEST PALM BEACH F 11. Ide 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 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 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 manage limited liability company or the receiver or trustee empowered to execute this report as required by Chapler 608. Florida Statutes, and that my name appears in Block 10, 6	its register	red office or registered agent, or b	oth, in the State of Fio		e above-named limited		bmits this state	ment for the p		
MGR PALLARES, ENRIQUE 301 CLEMATIS STREET, SUITE WEST PALM BEACH F 301 CLEMATIS STREET, SUITE WEST PALM BEACH F 301 CLEMATIS STREET, SUITE WEST PALM BEACH F 61 010236026636 -03/11/9901080(*****188.75 *****188.75 ******188.75 *****188.75 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. If unther certify that the 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 managinitied hiability company or the receiver or trustee empowered to execute this report as required by Chapler 608. Florida Statutes; and that my name appears in Block 10.	SIGNATUI	RE(Registered Agent	(Accepting Appendicient) (gi .			·····	
MGR FELIX, JUAN C 301 CLEMATIS STREET, SUITE WEST PALM BEACH F (371)/93(11)80-(*****188.75 *****16 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. If 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 manage 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.	10. Title	Managing Members/	Managers	Bus	siness Street Address			y, State and Zip Code		
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. If urther 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 manage 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		PALLARES, ENR	IQUE	301 CLEM	ATIS STREI	ET, SUITE	•			
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. If urther 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 manage 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i). Florida Statutes.	- 1			1001 0				ALM RI	SACH FL	
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 manage 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	- 1	FELIX, JUAN C		301 CLEM	ATIS STREI	ET, SUITE	WEST P			
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 manage 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	ľ	FELIX, JUAN C		301 CLEM	ATIS STREI		00007 -03/1	: ::::::::::::::::::::::::::::::::::::	1089 - 00M	
attachment with an address.	ľ	FELIX, JUAN C		301 CLEM	ATIS STREI		00007 -03/1	: ::::::::::::::::::::::::::::::::::::	1089 - 00M	