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 FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY **Katherine Harris** ANNUAL REPORT Secretary of State 99 APR 28 PM 4: 20 1999 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Liability Company **DOCUMENT # M98000001014** 1s. Principal Place of Business Address IT'S NEW YORK, L.L.C. 5036B FOOTHILLS ROAD 5036B FOOTHILLS ROAD LAKE OSWEGO OR 97034 LAKE OSWEGO OR 97034 3. Date Organized or Qualified | 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 09/14/1998 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 93-1234043 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country Ζiρ \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office SMITH, MARGARET B 534 BROOKSIDE CIRCLE Street Address (P.O. Box Number is Not Acceptable) MAITLAND FL 32751 Suite, Apt. #, etc. 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 pul 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. (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) City, State and Zip Code 10. Title Managing Members/Managers **Business Street Address** 1797 W. EVERETT RD LAKE FOREST IL MGR POST, WILLIAM SUMMERS INVESTMENT GRO 5036B FOOTHILLS ROAD LAKE OSWEGO OR MGR

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 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:

SIGNATURE AND THE DOR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

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