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 FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAR 15 AM 11: 19 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SCORETMOT OF STATES TALLAHASSEE, FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE **\$ 188.75** Name and Mailing Address of Limited Liability Company **DOCUMENT** # M98000001045 1a. Principal Place of Business Address LBI ASSET MANAGEMENT, LLC 10100 W. SAMPLE ROAD, SUITE 10100 W. SAMOLE ROAD, SUITE 401 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 3. Date Organized or Qualified | 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 10100 W. SAMPLE ROAD 10102 W. SAMPLE RD 09/18/1998 DE 4. FEI Number SUITE 401 SUITE 401 Applied For Not Applicable CORAL SPRINGS FL 6. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name LOVITO, PAUL F JR. 10100 W. SUPPLE ROAD, SUITE 401 Street Address (P.O. Box Number Is Not Acceptable) CORAL SPRINGS FL 33065 Suite, Apt #, etc. SAMPLE Zip Code City 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 Managing Members/Managers **Business Street Address** 10. Title City, State and Zin Code SAMPLE 10100 W. SAMOLE ROAD, SUIT CORAL SPRINGS FL MGRM LOVITO, PAUL F JR. 8**0**0002820568----03/26/39--01107--018 ****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 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 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 PAULF LOVITO JR 3/11

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SIGNATURE:

alcete folio Africana,

CONFIDENTIAL NAME OF BUILDING