


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M98000001183 UNIROYAL OPTOELECTRONICS, LLC 2 NORTH TAMiami TRAIL, SUITE 900 SARASOTA FL 34236					
1a. Principal Place of Business Address 2 NORTH TAMiami TRAIL, SUITE SARASOTA FL 34236					
2. Principal Place of Business 3401 CRAGMONT DRIVE Suite, Apt. #, etc. BUILDING 500 City & State TAMPA FL Zip 33619 Country USA		2a. Mailing Address 2 NORTH TAMiami TRAIL Suite, Apt. #, etc. SUITE 900 City & State SARASOTA FL Zip 34236 Country USA		3. Date Organized or Qualified 10/09/1998 3a. State of Formation DE 4. FEI Number 65-0841574 5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code 34236		
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required. Agent must sign.)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	CURD, HOWARD R	2 NORTH TAMiami TRAIL, SUI		SARASOTA FL 34236	
MGRM	SORAN, ROBERT L	2 NORTH TAMiami TRAIL, SUI		SARASOTA FL 34236	
MGRM	RICHARDS, REUBEN F JR.	394 ELIZABETH AVE.		SOMERSET NJ 08873	
MGRM	RUSSELL, THOMAS J	2 NORTH TAMiami TRAIL, SUI		SARASOTA FL 34236	
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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 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: _____

4/27/99 981361-2220