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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR 29 AM 11:37

FILING FEE	Annual Report $100.00 + $88.75 Corporation Supplemental Fee
$ 188.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

DOCUMENT # M98000001404

1. Name and Mailing Address of Limited Liability Company

AJR / MG AMOCO LLC
~~VENTURE GROUP SOLUTIONS, LLC~~
4649 PONCE DE LEON BLVD., SUITE 400
CORAL GABLES FL 33146

99-AR
CM

1a. Principal Place of Business Address
4649 PONCE DE LEON BLVD., SU
CORAL GABLES FL 33146

2. Principal Place of Business	2a. Mailing Address
145 MADEIRA AVENUE	145 MADEIRA AVENUE
Suite, Apt. #, etc.: SUITE 310	Suite, Apt. #, etc.: SUITE 310
City & State: CORAL GABLES, FL	City & State: CORAL ~~AGBLES~~ GABLES, FL
Zip: 33134 Country: USA	Zip: 33134 Country: USA

3. Date Organized or Qualified	3a. State of Formation
11/23/1998	DE

4. FEI Number: 59-3541614 ☐ Applied For ☐ Not Applicable

5. Date of Last Report

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
SANCHEZ DE VARONA, RAUL J PA 4649 PONCE DE LEON BLVD., SUITE 400 CORAL GABLES FL 33146	Name: RAUL J. SANCHEZ DE VARONA, PA Street Address (P.O. Box Number is Not Acceptable): 145 MADEIRA AVENUE Suite, Apt. #, etc.: SUITE 310 City: CORAL GABLES FL Zip Code: 33134

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's signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	SANCHEZ DE VARONA, RAU	145 MADEIRA AVE, SUITE 310 ~~4649 PONCE DE LEON BLVD.,~~	CORAL GABLES FL
~~MGRM~~	~~FELDMAN, RICHARD I~~	~~4649 PONCE DE LEON BLVD.,~~	~~CORAL GABLES FL~~
MGRM	ALFONZO, JOSE E.	145 MADEIRA AVE, SUITE 310	CORAL AGBLES, FL 33134
MGRM	CORPAS, ARMANDO A.	145 MADEIRA AVE, SUITE 310	CORAL GABLES, FL 33134

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****188.75 ****188.75

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: _____ 3/17/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

INHSE10 R (12-98)