LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS					SECRETARY OF STATE DIVISION OF CORPORATIONS 99 APR 26 AM 10: 22				
\$ 188		e Check Payab	le To: FLOR	Corporation Su RIDA DEPARTME	NT OF STATE	<u></u>			·
	16955 VI		STREET MPO, SU	T # M98000 T MALL, LL UITE 110		18. Principal Pla 16955 V SAN DIE	/IA DEL	CAMP	
	pat Place of Busin V1a Del (2a. Mai	ling Address		3. Date Organize	ed or Qualified	3a. Stat	te of Formatio
Suite, Ap	t. #, etc.	Jampe	Suite, A	pt. #, etc.		12/10/1 4. FEI Number	998	DE	Appli
City & Sta	ate 1ego, CA		City & S			33-083		6, Certif	Not A
Zip 92127		Country USA Ind Address of Cure	Zφ		untry	first 1	report	\$8 75 Add	htional Fee Req
1525				SUITE 216	Street Address Suite, Apt. #, et	(P.O. Box Number i		Zip Code	
9. Pursu its registe as registe	SOUTH A LAUDERDA	ANDREWS AALE FL 33	316 416 and 608,508 in the State of Flo	SUITE 216 8, Florida Statutes, the orida. Such change wa	Street Address Suite, Apt. #, et City	d liability company si alive vote of a majoril	FL. ubmits this state ly of the member	Zip Code	ne purpose of
9. Pursu its registe as registe	SOUTH A LAUDERDA and to the provision red office or regist ared agent, and ac	ANDREWS AT ALE FL 33 ons of Sections 608.4 lered agent, or both, inceept the obligations	316 416 and 608.508 in the State of Flo	B, Florida Statutes, the rida. Such change wa (NOTE Boystored Age 1s gr	Street Address Suite, Apt. #, et City e above-named limites authorized by affirm	d liability company si alive vote of a majorit	FL ubmits this state by of the member	Zip Code	ne purpose of accept the app
9. Pursu its registe as registe	ant to the provision red office or registered agent, and adults.	ANDREWS AT ALE FL 33 ons of Sections 608.4 lered agent, or both, in coept the obligations	416 and 608,508 in the State of Fic.	8, Florida Statutes, the orida. Such change wa (N⊃te Registered Ages Lisign Bus	Street Address Suite, Apt. #, et City e above-named limites authorized by affirm	d liability company si alivevole of a majorit	Ubmits this state by of the member	Zip Code ement for the sit I hereby State and I EGO	Zip Code
9. Pursu its registe as registe SIGNATU	ant to the provision red office or registered agent, and adults.	ANDREWS AT ALE FL 33 ons of Sections 608.4 tered agent, or both, incept the obligations (Registered Agent Associating Members/Managing Members/Member	416 and 608,508 in the State of Fic.	8, Florida Statutes, the orida. Such change wa (N⊃te Registered Ages Lisign Bus	Street Address Suite, Apl. #, et City e above-named limite s authorized by affirm	d liability company si alivevole of a majorit	Uponits this state by of the member City SAN D: -04/3	Zip Code ement for the state and I EGO	Zip Code

INHSE10 R (12-98)