File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. Living and the FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS SEPTER 22 TH 1:03 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 188.75 Name and Mailing Address of Limited Liability Company **DOCUMENT # M98000001588** 1a. Principal Place of Business Address SOUTHWEST SYSTEMS LIMITED, L.C. 4214 BERTSOS DRIVE, UNIT 1 4214 BERTSOS DRIVE, UNIT 1 LAS VEGAS NV 89103 LAS VEGAS NV 89103 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation NV 12/23/1998 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 86-0859317 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zin Country Country ZiD SB 75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 Suite Aot # etc. City Zip Code 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 Agnet Accepting Appointment) (NOTE Big Stered Agent signature required where revoluting) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code 4214 BERTSOS DRIVE, UNIT 1 LAS VEGAS NV BARTLETT, SCOTT A MGR MGR JOHNSON, JOAQUIN G 4214 BERTSOS DRIVE, UNIT 1 LAS VEGAS NV 200002789092- 6 -02/26/39-01094-012 ****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, Fforida Statutes, and that my name appears in Block 10, or on an

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attachment with an address.