File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED 99 FEB 26 PH 1:50 FLORIDA DEPARTMENT OF STATE. LIMITED LIABILITY COMPANY **Katherine Harris** ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company DOCUMENT # z00324 1a. Principal Place of Business Address FRIEDCO, L.C. C/O 200 SOUTH BISCAYNE BLVD., SUITE 4750 C/O 200 SOUTH BISCAYNE BLVD. MIAMI FL 33131 MIAMI FL 33131 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 12/20/1990 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0232378 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country \$8.75 Additional Fee Required 12/15/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office FROST, IRWIN M C/O 200 SOUTH BISCAYNE BLVD., SUITE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131 --201010--906 -01010--01010--006 Suite, Apt #, etc. ****188.75 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_ (Region and Agert American Approximent). (NOTE Helphonst Agert signature for promit when it in the fire-10. Title Managing Members/Managers Business Street Address City, State and Zip Code M FRIEDLAND, JACK 186 SPYGLASS LANE JUPITER FL FRIEDLAND, HAROLD 4343 G STREET PHILADELPHIA PA M COWAN, MARJORIE F. 1615 DIPLOMAT PKWY. HOLLYWOOD FL М FRIEDLAND, LEONARD 6530 ALLISON RD. MIAMI BEACH FL M yum Will 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. Hurther certify that the information adicated 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 training to the same legal effect as if made under oath, that I am a managing member or manager of the training to 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 empoyeered 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:

INHSE10 R (12,99)