File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED SECRETARY OF STATE DIVISION OF CORPORATIONS LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAR 23 PM 2: 34 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 123 Name and Mailing Address of Limited Liability Company **DOCUMENT #** 1a. Principal Place of Business Address THE FRABER COMPANY, L.C. 2601 SOUTH BAYSHORE DR. 2601 SOUTH BAYSHORE DR. SUITE 1102 **SUITE 1102** MIAMI FL 33133 MIAMI FL 33133 2. Principal Place of Business 2a. Malling Address 3. Date Organized or Qualified | 3a. State of Formation 09/01/1992 4. FEI Number FLSuite, Apt. #, etc. Sulte, Apt. #, etc. Applied For City & State City & State Not Applicable 65-0360986 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country 58-75 Additional Lee Required 03/03/1997 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Name STEPHEN FRANK ASSOCIATES, INC. Street Address (P.O. Box Number Is Not Acceptable) 2601 SOUTH BAYSHORE DR. SUITE 1102 Suite, Apt. #, etc. MIAMI FL 33133 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 (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstalling) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MEM FRANK, STEPHEN 2601 S. BAYSHORE DR#1102 MIAMI FL 1500 PALISADES AVE. MEM BERGER, MATTHEW FORT LEE NJ **8**0|0002467098---8 -03/24/98 --01096--009 ****188.75 ****188.75 11. I do hereby certify that the information supplied with this filling 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

PED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

attachment with an address.

SIGNATURE: