

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED
 FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 99 APR 12 AM 10:12

LIMITED LIABILITY COMPANY
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
 M97000000096

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

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # M97000000096
 EMERALD ASSET MANAGEMENT OF CALIFORNIA, LI
 C
 690 INDUSTRIAL ROAD
 SAN CARLOS CA 94070

1a. Principal Place of Business Address
 690 INDUSTRIAL ROAD
 SAN CARLOS CA 94070

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

2a. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Date Organized or Qualified
 02/27/1997
 4. FEI Number
 94-3229364
 5. Date of Last Report
 03/09/1998

3a. State of Formation
 CA
 Applied For
 Not Applicable
 6. Certificate of Status Desired
 \$875 Additional Fee Required

7. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

8. Name and Address of New Registered Agent/Office
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt #, etc
 City FL 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 Agent/Managing Agent/Secretary/Officer/Member/Authorized Representative)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|-----------|---------------------------|-------------------------|--------------------------|
| | MGRM OTUS, R. NURI | 690 INDUSTRIAL ROAD | SAN CARLOS CA |

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 ****188.75 ****188.75

M/K
 4/12/99

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. 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 sign this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address R. NURI

SIGNATURE: _____ *R. NURI* **4-9-99** **(650) 598-2000**