File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.



FILED

ANNUAL REPORT 1998			ORIDA DEPARTME Sandra B. Mo Secretary of DIVISION OF CORI	ortham State	SECRETARY OF STATE DIVISION OF CORPORATIONS 98 FEB 3 PM 2: 38			
FILING \$ 188	FEE Annual Report \$100.00		· · · · ·		•			
1 Name and Mailing Address of Limited Liability Company DOCUMENT # L93000000344								
2060 BOCA RATON BOULEVARD, L.C.					1a. Principal Place of Business Address			
c/o Paul Slattery					c/o Paul Slattery 1098 NW 2nd Avenue			
1098 NW 2nd Avenue					Boca Raton, FL 33432			
Boca Raton, FL 33432						•		
2. Principal Place of Business 2a. Mail			ling Address		3. Date Organizer		3a. State of F	ormation
Suite, Apt. #, etc. S			V, etc.		10/07/1993 FL			
						4. FEI Number Applied For		
City & Sta	ite	City & State	City & State			65-0440514 Not Applicable		
Zip	Country	Zip	Count	гу	5. Date of Last Re	eport		of Status Desired
		Decistered &			3/21/97		\$8.75 Additiona	ب سند
7. Name and Address of Current Registered Agent				Name	Name and Address of New Registered Agent/Office			
Frederick M. Heimberg				Paul Slattery Street Address (P.O. Box Number is Not Acceptable)				
	South Ocean Blvd.			nd Avenue				
Suite 304 Boca Raton, FL 33432				Suite, Apt. #, etc.				
Book Rucolly III 55452								
	\wedge		Boca Raton			FL	Zip Code 33432	
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 spent, 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.								
SIGNATU	IRE Registered Applied cepting	D.	ate $2\cdot 4$	1.98:				
10. Title	///// /		Business Street Address			City,	State and Zip (ode
MEM	SLATTERY, PAUL		1098 NW 2nd	Avenue		Boca Raton, FL 33432		
MEM	M HEIMBERG, FREDERICK M.		One South Ocean Blvd., #30			Boca Ra	ton, FL	33432
					40		798010	
11. Ido he	reby certify that the information supplied w	th this liting doe	s not qualify for the exe	emption stated in Sec	ction 119.07(3) (i), Flo	orida Statutes. I	further certify th	at the information

indicated on this annual report is true and accurate and they 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 opirusted emporitied to exact the report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Paul Slatte
OF SIGNING MANAGER

(561) 392-3720 Daylinic Phone #

Date