

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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
98 MAY -4 PM 4: 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Name and Mailing Address of Limited Liability Company DOCUMENT # L94000000008 M. G. LARRK TWO, L.C. 201 ALHAMBRA CIRCLE 8TH FLOOR CORAL GABLES FL 33134	1a. Principal Place of Business Address 201 ALHAMBRA CIRCLE 8TH FLOOR CORAL GABLES FL 33134
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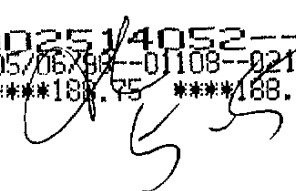
2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	01/04/1994	FL
City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For
Zip	Country	65-0568689	<input type="checkbox"/> Not Applicable
		5. Date of Last Report	6. Certificate of Status Desired
		04/14/1997	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent KRONGOLD, M. RONALD 201 ALHAMBRA CIRCLE 8TH FLOOR CORAL GABLES FL 33134	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <p style="text-align: center;">FL</p>
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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 Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	KRONGOLD, M. RONALD	201 ALHAMBRA CIRCLE, 8TH F	CORAL GABLES FL
MGRM	KRONGOLD, GLENDA	201 ALHAMBRA CIRCLE, 8TH F	CORAL GABLES FL

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 ***188.75 ***188.75


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. 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 attachment with an address.

SIGNATURE: _____ *M. Ronald Krongo* 4/30/98 305 446 3033
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Daytime Phone #