

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

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 17 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 # 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

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 <input type="checkbox"/> Not Applicable
Zip		Country		65-0568689	
				5. Date of Last Report	6. Certificate of Status Desired
				05/04/1998	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
KRONGOLD, M. RONALD 201 ALHAMBRA CIRCLE 8TH FLOOR CORAL GABLES FL 33134		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	
		Zip Code	
		FL	

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 _____
(For Signed Agent Accepting Appointment) (NOTE: Registered Agent Signature is required when listed below)

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

LC
3-24-99

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. 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: _____
SIGNATURE AND TYPE OF OFFICE (NAME OF SIGNER MUST APPEAR IN FULL) (FLORIDA DEPARTMENT OF STATE)

3/1/99 305 446-3033