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

LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE

FILED SECRETARY OF STATE

ANNUAL REPORT 1998			Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				DIVISION OF CORPORATIONS			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Malling Address of Limited Liability Company DOCUMENT # L9400000582							98 MAR -2 PM 2: 07			
LAPALOMA GROUP, L.C. 9200 MILITARY TRAIL BOYNTON BEACH FL 33436							1a. Principal Place of Business Address 9200 MILITARY TRAIL BOYNTON BEACH FL 33436			
2. Principal Place of Business 2a. Maili			ing Address				3. Date Organi	zed or Qualified	3a. State of Formation	
Suite, Apt. #, etc. Suite, Ap			it. #, etc.				10/27/ 4. FEI Number		FL Applied For	
City & State City & S			ate				65-052		Not Applicable	
Zip	Country	Žip		Count	ry		5. Date of Last	,	6. Certificate of	Status Desired
	7. Name and Address of Curre	nt Registered	Agent	l	r		05/15/	1 9 9 7 ss of New Regis	tored Apent/Offi	
FINE	-	Name								
9200 BOYN	Suite, Apt. #, etc.			O. Box Number is Not Acceptable)						
					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 original such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the original such change was authorized by affirmative vote of a majority of the members.										
SIGNATU	NOTE Registered Agont signature required when reinstating				DATE 02.27.98					
(Managing Members/Managers (Nanaging Members/Managers)			Business Street Address					City,	State and Zip Co	ode
, 										
MGRM	ROY, FRANK	9200 MILITARY TRA				L, #159	#159 BOYNTON BEACH FL			
MGRM	TAILLEFER, CLAUD	E	9200	MILI	rary	TRAI	L, #125	вочитс	N BEACH	FL
MGRM	FRECHETTE-BLANCH	9200	MILI	rary	TRAI	L, #173	вочитс	N BEACH	FL	
MGRM	FINET, JACQUES	9200	MILI	PARY	TRAI	L, #175	вочитс	N BEACH	FL	
							30	00024 -03/10/ ****18	45203 /980103 /8.75 ***	3 - 015
	_ .									

11. Ido 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 attachment with an address.

SIGNATURE MATTYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER