

**2<sup>nd</sup> and FINAL NOTICE:** File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.

**FILED** *VR 8/15*

**99 AUG -4 PM 3:20**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L94000000582**

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

3. Date Organized or Qualified	3a. State of Formation
10/27/1994	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
65-0528969	
5. Date of Last Report	6. Certificate of Status Desired
03/02/1998	\$9.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

FINET, JACQUES  
9200 MILITARY TRAIL LOT #175  
BOYNTON BEACH FL 33436

8. Name and Address of New Registered Agent/Office

Name  
Claude Dionne

Street Address (P.O. Box Number is Not Acceptable)  
9200 S Military Trail #024

Suite, Apt. #, etc.

City  
Boynton Beach, FL

Zip Code  
33436-7039

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: *Claude Dionne* DATE: 7-14-99  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
<del>MGRM</del>	<del>ROY, FRANK</del>	<del>9200 MILITARY TRAIL, #159</del>	<del>BOYNTON BEACH FL</del>
MGRM	TAILLEFER, CLAUDE	9200 MILITARY TRAIL, #125	BOYNTON BEACH FL
<del>MGRM</del>	<del>FRECHETTE-BLANCHETTE,</del>	<del>9200 MILITARY TRAIL, #173</del>	<del>BOYNTON BEACH FL</del>
MGRM	FINET, JACQUES	9200 MILITARY TRAIL, #175	BOYNTON BEACH FL
MGRM	MONETTE, MAURICE	9200 Military Trail #224	Boynton Beach FL
MGRM	BERNATCHEZ, JEAN_YVES	9200 Military Trail, #123	Boynton Beach FL
MGR	DIONNE, CLAUDE	9200 Military Trail, #024	Boynton Beach, FL

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\*\*\*\*588.75 \*\*\*\*588.75

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: *Claude Dionne* CLAUDE DIONNE DATE: 7-14-99 541-732-1306  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Daytime Phone #