

FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 APR 10 AM 7:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILING FEE
\$ 203.75
Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L95000000132

L.A.W. HALLANDALE 30, L.C.
P.O. BOX 8020
HALLANDALE FL 33008-8020

1a. Principal Place of Business Address
3530 NORTH 45TH AVENUE
HOLLYWOOD FL 33021

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Organized or Qualified
02/16/1995
3a. State of Formation
FL
4. FEL Number
65-8569087
 Applied For
 Not Applicable
5. Date of Last Report
06/24/1996
6. Certificate of Status Desired
 Additional Fee Required

7. Name and Address of Current Registered Agent
BEDZOW, MICHAEL
BEDZOW, KORN & KAN, P.A.
20803 BISCAYNE BLVD., STE. 200
AVENTURA FL 33180

8. Name and Address of New Registered Agent
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 _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	WEISS, LAURENCE A	3530 NORTH 45TH AVENUE	HOLLYWOOD FL

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****203.75 ****203.75

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: *Laurence Weiss* 4/5/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #