

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

APPROVED  
AND  
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1997 MAR -3 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



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

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

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L95000000393**  
  
1616 ASSOCIATES, L.C.  
1250 SO. MILITARY TRAIL APT. 1616  
DEERFIELD BEACH FL 33442

1a. Principal Place of Business Address  
  
1250 SO. MILITARY TRAIL APT.  
DEERFIELD BEACH FL 33442

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/19/1995	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For
Zip		Zip		65-0574976	<input type="checkbox"/> Not Applicable
Country		Country		5. Date of Last Report	6. Certificate of Status Desired
				05/01/1996	See 75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent  
  
NATIONSCORP REGISTER, ED AGENTS INC.  
526 EAST PARK AVENUE STE 200  
TALLAHASSEE FL 32301

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
MGRM	WEBER, GARY	1250 SO. MILITARY TRAIL AP	DEERFIELD BEACH FL
MGRM	WEBER, ALLEN	2525 PALMER AVENUE	NEW ROCHELLE NY

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-03/04/97--01109--015  
\*\*\*\*203.75 \*\*\*\*203.75

*Handwritten signature and date: 3/3/97*

11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** Allen Weber **MGRM** 2/17/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #