


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
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L95000000844

FAR REACH, L.C.
4990 S. W. 72ND AVENUE
SUITE 105
MIAMI FL 33155

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

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
mwb

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1/02/1995	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	65-0650538	6. Certificate of Status Desired
				04/22/1996	\$6.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

BAKER, RONALD C
4675 PONCE DE LEON BOULEVARD
SUITE 301
CORAL GABLES FL 33146

8. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, etc. _____
 City _____ State **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 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	HAMILL, KENT D	6901 GRANADA BOULEVARD	CORAL GABLES FL
MEM	HAMILL, MARY CAHTERINE	6901 GRANADA BOULEVARD	CORAL GABLES FL
MEM	MEAD, BUDGE	8230 S.W. 81ST TERRACE	MIAMI FL
MRM	MEOD, D. RICHARD JR.	10255 S.W. 55 STREET	MIAMI FL

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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: *D.R. Mead* **3/24/97** (305) 662-6126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date Daytime Phone #