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

LIMITED LIA	BILITY COMPA	NY A	FLORIDA DEPARTM		] .	FILED	
	IAL REPORT 1997		Sandra B. M Secretary o DIVISION OF COR	f State	97 M	AY -5 A	M 8: 27
FILING FEE \$ 203.75 1 Name and Ma of Limited Liab	Make Check P	ayable To: FLO	75 Corporation Supplem RIDA DEPARTMEN  T #1.9600000	IT OF STATE	SEC TALL	retary C Ahassee,	F STATE FLORIDA
MADISON XIII, J.C. 19204 NORTH EAST 25TH AVENUE UNIT NO 31-2 NORTH MIAMI BEACH FL 33180  If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					1a. Principal Place of Business Address 19204 NORTH EAST 25TH AVENUE UNIT NO 312 NORTH MIAMI BEACH FL 33180		
2 Principal Place of Business 28. Mailing A			alling Address  O Box 6300	g Address 130x 630069		d or Qualified	3a. State of Formation
City & State  MIA  Zip	M / Country	City &		FL	650656 5. Date of Last R		Applied For  Not Applicable  6. Certificate of Status Desired  S8 7- Additional Fee Frequent
33167	S			<u></u>	9 Name and Add	an of New De	
7. Name and Address of Current Registered Agent EPSTEIN, DEBORAH				8. Name and Address of New Registered Agent Name			
19204 NORTH EAST 25TH AVENUE UUIT NO 312 NORTH MIAMI BEACH FL 33180				Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.			
				City Zip Code			
						FL	24 0000
its registered offic	e or registered agent, on the oblination of the	or both, in the State of f	Florida. Such change was	authorized by affirm	eative vote of a majority		ement for the purpose of changing is. I hereby accept the appointment
10. Title	Managing Membe	rs/Managers	Busin	ness Street Address	3	City	, State and Zip Code
MGR EPS	rein, joan	NE	RYAN COU	RT 8950 W	ISPAIK W #312	0002 -05/08	1719147 /9701118037 03.75 ****203.75
			1				
				P2-111 - 1-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1			385-6-97
indicated on this a	annual report is true and mpany or the receiver of an address.	d accurate and that m	ry signature shall have the to execute this report as	e same legal effect (	as if made under oath;	that I am a ma ; and that my n	MSG-60-97  Ifurther certify that the information naging member or manager of the ame appears in Block 10, or on an