

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

**APPROVED  
AND  
FILED**

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LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 # 19600000825**  
  
UNION ATLANTIC, I.C.  
C/O WLMC REGISTERED AGENTS, INC.  
701 BRICKELL AVENUE, SUITE 2000  
MIAMI FL 33131

1a. Principal Place of Business Address  
  
C/O WLMC REGISTERED AGENTS, I  
701 BRICKELL AVENUE, SUITE 20  
MIAMI FL 33131

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

2a. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Date Organized or Qualified 08/01/1996  
3a. State of Formation FL

4. FEI Number 65-0687488  
 Applied For  
 Not Applicable

5. Date of Last Report  
6. Certificate of Status Desired  
\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  
  
WLMC REGISTERED AGENTS, INC.  
701 BRICKELL AVENUE  
SUITE 2000  
MIAMI FL 33131

8. Name and Address of New Registered Agent  
  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
City 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
MEM	GENESIS PARTNERS, INC.	701 BRICKELL AVENUE, SUITE	MIAMI FL
MEM	TIM MAHONEY D/B/A HI,	701 BRICKELL AVENUE, SUITE	MIAMI FL

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\*\*\*\*203.75 \*\*\*\*203.75

*Handwritten:* 701  
3/18/97

11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (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:** \_\_\_\_\_ *Handwritten Signature* \_\_\_\_\_  
Date: 2/4/97 3053240209  
Daytime Phone # \_\_\_\_\_