File on or before May 1, 1999 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JUN -4 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE	Annual Report $100.00 + $88.75 Corporation Supplemental Fee
$ 188.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L96000001281

LEVINE, COHN, FEUER & ARTY, L.C.
1150 NW 72 AVE., STE. 760
MIAMI FL 33126

1a. Principal Place of Business Address

1150 NW 72 AVE., STE. 760
MIAMI FL 33126

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

3. Date Organized or Qualified	3a. State of Formation
12/04/1996	FL
4. FEI Number	☐ Applied For
65-0718930	☐ Not Applicable
5. Date of Last Report	**6. Certificate of Status Desired**
03/02/1998	$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
ARTY, DANIEL 1150 NW 72 AVE., STE. 760 MIAMI FL 33126	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 box checked)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	ARTY, DANIEL	1150 NW 72 AVE., STE. 760	MIAMI FL

100002902911--2
-06/14/99--01008--010
****188.75 ****188.75

AL JUN - 7 1999

*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: _____ 6/1/99 (305) 593-9954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

INHSE10 R (12-98)