Α	D LIABILITY COMPANY NNUAL REPORT 1999		LORIDA DEPARTM Katherine Secretary o DIVISION OF COR	Harris of State RPORATIONS	SECRETA DIVISION OF 99 APR 2	ILED RY OF STATE CORPORATIONS 3 AM 8: 22
\$ 188.7 1. Name a of Limite		To: FLOR	# 1970000	NT OF STATE	1a. Principal Place of Business	Address
	30 LAGORCE CIRCLE 41AMI BEACH FL 33				30 LAGORCE CI MIAMI BEACH F	
2 Principal Place of Business			28. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01/27/1997 FL	
City & State		City & State		· · · · · · · · · ·	65-0823875	Applied For Not Applicable
Zip	Country	Z _i p	Солг	ntry	5. Date of Last Report	6. Certificate of Status Desired 88.75 Additional Fee Required
	7. Name and Address of Curre	ent Registered	Agent	8.	04/10/1998 Name and Address of New Regi	
its registere	nt to the provisions of Sections 608.4 ed office or registered agent, or both, in ed agent, and accept the obligations			Suite, Apt. #, etc	**** FL	0/99 - 01053 - 005 188.75 ****188.75 Zip Code
SIGNATUF	RE			•	DATE	
SIGNATUF	RE	ng Ang Johnson (il	rati Regiden (Agel Squar	•	DATE	
0. Title	RE(Registered Atject Action)	ng Apportmenti - d gers	Pot Regulere (April Sanca Busin	rener s leteran astro	DATE	rs. I hereby accept the appointmen
MGRM	Managing Members/Managing Members/Membe	PER	Busin 30 LAGORO	ness Street Address CE CIRCLE xemption stated in Sees same logal effect as	City MIAMI ection 119.07(3) (i), Florida Statutes if made under oath; that I am a me	rs. I hereby accept the appointment of the second s