.IMITED	r before May 1, 1999 or to a \$ 400.00 LATE FEE.		ORIDA DEPARTME Katherine H	NT OF STATE]	چ سد و. پر	
AN.	NUAL REPORT		Secretary of S DIVISION OF CORP	State			
	1999	<u> </u>			99 MAY -5	AH 9: 5!	5
ILING F \$ 188.7		o: FLORID	A DEPARTMENT	OFSTATE	SECRE (A.	· • • • •	c
. Name an	d Mailing Address d Liability Company	MENT	# 19700 РО	୪଼ିଧ ୍ୟ ୬	ALLAHASSE		
1	IS/SEP #2 GP, L.C. 6133 VENTURA BLVD INCINO CA 91436	., #14	100	1 8 1999 RTHSTONE	1a. Principal Place 16133 VI ENCINO	ENTURA	BLVD., #1400
Dissinal	Place of Business	2a. Mailin	n Address		3. Date Organized	or Qualified	3a. State of Formation
: Attricipal	Triace of Business				05/29/1	997	FL
Suite, Apt. #	t, etc.	Suite, Apt	#, etc.		4. FEI Number		Applied For
City & State		City & Stat	e		95-4637	286	Not Applicable
Zıp	Country	Zip	Count	t¥	5. Date of Last Re	•	6. Certificate of Status Desired
					11/23/1 Name and Address		\$8.75 Additional Fee Required
							Zıp Code
as registere	nt to the provisions of Sections 608 416 ed office or registered agent, or both, in the ed agent, and accept the obligations.	and 608.508, e State of Flor	Florida Statutes, the a da. Such change was a	City bove-named limite authorized by affirm	d liability company su ative vote of a majority	bmits this state of the member	ement for the purpose of changing rs. I hereby accept the appointment
as registere	ed office or registered agent, or both, in the ed agent, and accept the obligations.	e State of Flor	da. Such change was a	bove-named limite authorized by affirm	ative vote of a majority	bmits this state of the member	ement for the purpose of changing rs. I hereby accept the appointment
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