

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

FILED
29 MAY 14 PM 3:42
SECRETARY OF STATE
FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999



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

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

1 Name and Mailing Address of Limited Liability Company
DOCUMENT # L9800000903
VON MORGEN, L.C.
C/O BAUR WOODBRIDGE REUS & KLEIN, P.A.
100 NORTH BISCAYNE BLVD., SUITE 2100
MIAMI FL 33132

1a. Principal Place of Business Address
C/O BAUR WOODBRIDGE REUS & K
100 NORTH BISCAYNE BLVD., SU
MIAMI FL 33132

2 Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified 06/25/1998	3a. State of Formation FL
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. Fgl Number 65-0847152	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State		City & State			
Zip	Country	Zip	Country	5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Cert. Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent BAUR, THOMAS ESQ BAUR WOODBRIDGE REUS & KLEIN, P.A. NEW WORLD TWR., 21 FL., 100 N BISCAY MIAMI FL 33132		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL	
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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 [Signature] DATE _____
(Registered Agent) (Accepting Appointment) (NOTE: Registered Agent signature required when consenting)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	ELPERING, GERT	1839 W 24TH STREET	MIAMI BEACH FL
MGRM	EGNER, FRITZ	2000 WILLIAMS ISLAND BLVD.	AVENTURA FL

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****188.75 ****188.75

APR 19 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: [Signature] DATE: **APR 30 1999**
SIGNATURE AND LAST OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Divorce Phone #