LIMITED LIABILITY COMPANY ANNUAL REPORT 1999	Ka Se	therine cretary c		DIA		AM 9: 28		
ILING FEE Annual Report \$100.00 + \$ \$ 188.75 Make Check Payable To:	FLORIDA DEPA	ARTMEN	IT OF STATE					
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Principal Place of Business 3	a. Mailing Address			3. Date Organiz		3a. State of Forma	ition	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			08/10/1998 4. FEI Number 59-352 97(5			FL	
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p Country 2	ζιρ	Coun	try	5. Date of Last I		6. Certificate of Sta S8 75 Additional Fee 6		
7. Name and Address of Current Reg	islared Agent		8. 1	Name and Addres	s of New Regis	tered Agent/Office		
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER ST MANAGER

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SIGNATURE:

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