

49800001678

2nd and FINAL NOTICE: File on or before Sept. 21, 1999. Limited Liability Company will be dissolved.

Reinstatement
LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 NOV 12 PM 3:11

FILING FEE \$ 588.75 Annual Report \$100.00 + \$68.75 Corporation Supplemental Fee + \$400.00 Late Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company
DOCUMENT # L98000001678
AMCO PROPERTY MANAGEMENT, L.L.C.
204 BRAZILIAN AVENUE, SUITE 207
PALM BEACH FL 33480

1a. Principal Place of Business Address
204 BRAZILIAN AVENUE, SUITE
PALM BEACH FL 33480

2 Principal Place of Business
239 S. County Road
Suite, Apt. #, etc. 200
City & State Palm Beach, FL
Zip, Country 33480 USA

2a. Mailing Address
PO Box 2794
Suite, Apt. #, etc.
City & State Palm Beach, FL
Zip, Country 33480 USA

3. Date Organized or Qualified 09/01/1998
3a. State of Formation FL

4. FEI Number 65-0860399
 Applied For
 Not Applicable

5. Date of Last Report
6. Certificate of Status Desired
 Additional Fee Required

7. Name and Address of Current Registered Agent
KENNEY, TIMOTHY H ESQ.
189 BRADLEY PLACE
PALM BEACH FL 33480

8. Name and Address of New Registered Agent/Office
Name Timothy H. Kenney Esq
Street Address (P.O. Box Number is Not Acceptable) 120 Butler St
Suite, Apt. #, etc. W. Palm Beach
City City
Zip Code FL 33407

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 reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	MARULLI, ALFRED JR.	204 BRAZILIAN AVENUE, SUITE 207	PALM BEACH FL 33480

REINSTATEMENT 1999 MJH
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***150.00 ***150.00

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: *A. Marulli* Date: 10/1/99 Daytime Phone #: (561) 832-9785