

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 MAR 29 AM 11:37

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

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

1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L98000001900</b> 136 COLLINS AVENUE, L.C. <del>1110 BRICKELL AVENUE, 7TH FLOOR</del> <del>MIAMI FL 33131</del> 136 Collins Ave Miami Beach, FL 33139
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

1a. Principal Place of Business Address <del>1110 BRICKELL AVENUE, 7TH FL</del> <del>MIAMI FL 33131</del> 136 Collins Ave. Miami Beach, FL 33139
--------------------------------------------------------------------------------------------------------------------------------------------------------------

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip
------------------------------------------------------------------------------	-------------------------------------------------------------------

3. Date Organized or Qualified 09/18/1998	3a. State of Formation FL
4. FEI Number 65-0885056	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent LEVINE, ALAN W 1110 BRICKELL AVENUE, 7TH FLOOR MIAMI FL 33131
------------------------------------------------------------------------------------------------------------------------

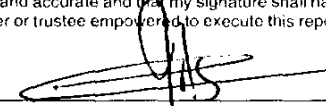
8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 600002837296--3 Suite, Apt. #, etc -04/13/99--01003--023 ****188.75 ****188.75 City FL Zip Code
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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 _____ <small>(Registered Agent Accepting Appointment) (FEE) (Registered Agent Signature required when agent change)</small>	DATE _____
------------------------------------------------------------------------------------------------------------------------------------------	------------

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	JONES, ROMAN	136 Collins Ave. <del>1110 BRICKELL AVENUE, 7TH</del>	Miami Beach, FL 33139 MIAMI FL
MGR	MILON, ERIC	136 Collins Ave. <del>1110 BRICKELL AVENUE, 7TH</del>	Miami Beach, FL 33139 MIAMI FL

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:  3/25/99 (305) 695-8411