File on	or before M	av 1. 1999 or L	.imited	Liability	, Com	panv will be	 •			
File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE										
WETLANDS CONSERVATION PROJECT, LLC							1a. Principal Piace of Business Address & AMADA_LOPEZ=CANTERA_ 2300_CORAL_WAY,-SUITE_111 MIAMI-FL_33145_			
2 Principal Place of Business 2a. Mailir				ng Address			3. Date Organize		3a. State of Formation	
1717 N. Bayshore Dr.			1717 N. Bayshore Dr.				09/25/1	998	FL	
Suite 114			Suite 114				4. FEI Number		Applied For	
City & State Miami, Florida			City & State Miami, Florida				65-0874		Not Applicable	
Zıp	Co	ountry	Zip	1, 110	Count		5. Date of Last F	Report	6. Certificate of Status Desired	
3313		Address of Current F	3313				Nome and Address	s of New Donie	S8 75 Additional Fee Required Stered Agent/Office	
9. Pursua its register as register	ant to the provisions red office or register red about, and according to the control of the cont	of Sections 608,416 are ed agent, or both, in the sept the obligations	nd 608.508, i State of Flori	da. Such char	nge was a	1717 N. Suite, Apt. #, etc. Suite 1 City Miami Dove-named limited uthorized by affirma	Bayshor 14 liability company st	FL ubmits this state y of the member	Zip Code 33132 ement for the purpose of changing rs. I hereby accept the appointment	
SIGNATU			00 LINX-03 (N	TE Begistered A		Cartaya	DATE 4/28/99			
	CDW CULL TOUGH DADWING A 1				Business Street Address 1717 N. BAYSHORE D			MIAMI	r, State and Zip Code	
								**** 1000000000000000000000000000000000	2867:901 — - 1 17/9901121004 ***8 75 ******8.75 28679011 — - 6 17/9901121805 *188 75 ****188.75	
indicated of limited liab attachmen	on this annual repor oility company or the at with an address.	t is true and accurate are receiver or trustee emp	d that my sig	gnature shall	have the s sport as re	same legal effect as quired by Chapter €	if made under oath 608, Florida Statutes	i, that I am a ma	. I further certify that the information maging member or manager of the name appears in Block 10, or on an	
SIGN	IATURE:	Julea Co C SIGNATURE AND TYPES	entan ORPRINEDIN	OF S CHING		a Cartay	a 4/	28/99	(305) 577-3885	

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