

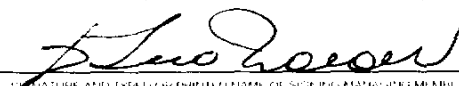


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED 22 APR 16 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE</b> Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee <b>\$ 188.75</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT #</b> L98000002149  THE KARASU GROUP, L.L.C. 4100 NORTH OCEAN DRIVE, SUITE 602 RIVIERA BEACH FL 33404		1a. Principal Place of Business Address  4100 NORTH OCEAN DRIVE, SUIT RIVIERA BEACH FL 33404			
2. Principal Place of Business 4100 N Ocean Dr Suite, Apt. #, etc. Apt 602 City & State Riviera Beach Zip 33404		2a. Mailing Address 4100 N Ocean Dr Suite, Apt. #, etc. Apt 602 City & State Riviera Beach Zip 33404		3. Date Organized or Qualified 10/06/1998 3a. State of Formation FL	
4. FEI Number EIN N 65-0878599		<input checked="" 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  KARASU, SUAT 4100 NORTH OCEAN DRIVE, SUITE 602 RIVIERA BEACH FL 33404			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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				DATE 4/12/99	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature Required When Accepting)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	KARASU, SUAT	4100 NORTH OCEAN DRIVE, SU		RIVIERA BEACH FL	
MGR	COOK, R. WILLIS	P.O. BOX 500997 N/A		ATLANTA GA	
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:				3/20/99 5618409667	
SIGNATURE AND TITLE (PRINTED NAME OF SIGNING MANAGER/MEMBER OR MANAGER)					

FILED  
 04/23/99  
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 \*\*\*\*188.75 \*\*\*\*188.75

