


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 Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 JUN 21 AM 11:05

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

1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000002579 S.R. 84 GROUP, LLC 1402 EAST LAS OLAS BOULEVARD, SUITE 1098 FORT LAUDERDALE FL 33301
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1a. Principal Place of Business Address 1402 EAST LAS OLAS BOULEVARD FORT LAUDERDALE FL 33301

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

3. Date Organized or Qualified	3a. State of Formation
11/02/1998	FL

4. FEI Number	<input type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable
65-0870171		

5. Date of Last Report	6. Certificate of Status Desired
	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent COHEN, BRYAN 1402 EAST LAS OLAS BOULEVARD, SUITE 1098 FORT LAUDERDALE FL 33301

8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <p style="text-align: center;">FL</p>

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 first filing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	COHEN, BRYAN	1402 EAST LAS OLAS BOULEVA	FORT LAUDERDALE FL

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 ****588.75 ****588.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:  Manager
 2/26/99 954 763-5208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER