



FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company D.L. CROMWELL & CO., L.L.C. LIMITED COMPAN Y 1200 NORTH FEDERAL HIGHWAY, SUITE 315 BOCA RATON FL 33432		DOCUMENT # M94000000155 1a. Principal Place of Business Address 1200 NORTH FEDERAL HIGHWAY, S BOCA RATON FL 33432	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		3. Date Organized or Qualified 12/01/1994	
		3a. State of Formation DE	
		4. FEI Number 59-3279182	
		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		5. Date of Last Report 05/01/1996	
		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent DAVIDSON, DAVID S 1200 NORTH FEDERAL HIGHWAY, SUITE 315 BOCA RATON FL 33432		8. Name and Address of New Registered Agent 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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	DAVIDSON, DAVID S	23024 L'ERMITAGE CIRCLE	BOCA RATON FL
MGRM	BEIRNE, LLOYD S	9048 VILLA PORTOFINO CIRCL	BOCA RATON FL
97 JAN 24 PM 12:38		800002107158--6 -03/07/97--01047--001 ****203.75 ****203.75 JB3-5-97	
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:  Lloyd Beirne 2/28/97 407-367-0009 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #			