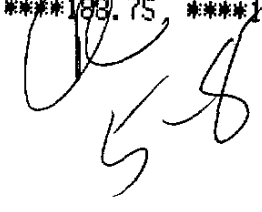
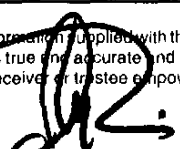


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAY -8 PM 3: 27	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # Z00063		1a. Principal Place of Business Address	
TWO THOUSAND THREE, L.C. C/O RUBIN & RUBIN, P.A. 2107 HENDRICKS AVE JACKSONVILLE FL 32207				C/O RUBIN & RUBIN, P.A. 2107 HENDRICKS AVE JACKSONVILLE FL 32207	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc. Suite 210		Suite, Apt. #, etc. Suite 210		12/06/1988	
City & State		City & State		4. FEI Number	
				65-0086033	
Zip		Country		5. Date of Last Report	
				03/31/1997	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
RUBIN, MARK I 2107 HENDRICKS AVE JACKSONVILLE FL 32207		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. Suite 210 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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstalling) DATE _____					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
M	RUBIN, I. MARK	2107 HENDRICKS AVE		JACKSONVILLE FL	
M	RUBIN, GUY	333 NE 23RD STREET		MIAMI FL	
300002522579--9 -05/14/98--01002--022 ****188.75 ****188.75 					

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/29/98 704-376-7711