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

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

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	¢	202	75	

APPROVED _AND

1997	Canada Cara	DIVISION OF COF			97 APR 28	3 AM 10: 30			
	al Report \$100.00 + \$103.75	SECRETARY OF STATE							
Name and Mailing Address	DOCUMENT	SECRETARY OF STATE TALLAHASSEE, FLORIDA							
of Limited Liability Company	1a. Principal Pla	1a. Principal Place of Business Address							
7155 NW 2ND CT, L.C. 419 W 49TH STREET, #106 HIALEAH FL 33012-3602 If above malling address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					419 W 49TH STREET, #106 HIALEAH FL 33012				
Principal Place of Business	ing Address	DITECTION IN DIDER 24.	3. Date Organized or Qualified Sa. State of Formation						
Suite, Apt. #, etc.	Suite, Ap	Suite, Apt. #, etc.			10/16/1996 FL				
City & State	City & St	City & State			15-0704 C98				
•		•		5. Date of Last Report		6. Certificate of	Not Applicable Status Desired		
Zip Country	Zip	Cou	ntry			\$8.75 Additional E	ec Required		
7. Name and Add	ress of Current Registered	Agent		8. Name and Add	Iress of New R	egistered Agent	egistered Agent		
7800 NE 2ND AVE, 419 W 49TH STREI HIALEAH FL 33012 9. Pursuant to the provisions of So its registered office or registered ag as registered agent, and accept the	Suite, Apt. #, e City above-named limit	Street Address (P.O. Box Number Is Not Acceptable) T*11010021632271 Suite, Apt. #, etc. -05/02/9701057016 *****203.75 *****203.75 City Zip Code FL ove-named limited liability company submits this statement for the purpose of changing thorized by affirmative vote of a majority of the members. I hereby accept the appointment							
SIGNATURE(Registr					DATE				
	ered Agent Accepting Appointment) (embers/Managers		ness Street Addres	re required when reinstaling) ess Street Address City, State and Zip Code					
MGR FISHER, JAN	FISHER, RONALD P FISHER, JAMES Q		1801 CENTURY PARK : 1801 CENTURY PARK : 1801 CENTURY PARK :		LOS AN	ANGELES CA 90067			
11. I do hereby certify that the Inform	nation supplied with this filling se and accurate and that my	does not qualify for the	ni befals noitqmexe	Section 119.07(3) (i).	Fiorida Statutes	alfurther certify the	ut the information		

limited liability company or the receiver or trustee empowered to execute the 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 TYPE O OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

JAMES O. FISHER

Daytime Phone #