


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  97 MAY -1 AM 9:52	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company  330 NW 71ST ST, L.C. 419 WEST 49TH STREET #106 HIALEAH FL 33012-3602		<b>DOCUMENT #L96000001102</b>  SECRETARY OF STATE TALLAHASSEE, FLORIDA <i>MWB</i> 1a. Principal Place of Business Address 419 WEST 49TH STREET #106 HIALEAH FL 33012			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country		3. Date Organized or Qualified 10/16/1996  3a. State of Formation FL  4. FEI Number 65-0704456 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable  5. Date of Last Report  6. Certificate of Status Desired <input checked="" type="checkbox"/> SE 75 Additional Fee Required	
7. Name and Address of Current Registered Agent  7800 NBE 2ND AVE, L.C. 419 WEST 49TH STREET #106 HIALEAH FL 33012				8. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City Zip Code FL	
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 reinstating)				DATE _____	
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	FISHER, RONALD P	1801 CENTURY PARK EAST, #2 <sup>400</sup>		LOS ANGELES CA 90067	
MGR	FISHER, JAMES Q	1801 CENTURY PARK EAST, #2 <sup>400</sup>		LOS ANGELES CA 90067	
MGR	FISHER, RICHARD J	1801 CENTURY PARK EAST, #2 <sup>400</sup>		LOS ANGELES CA 90067	
				800002171908--5 -05/08/97--01118--034 ****203.75 ****203.75	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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.					
<b>SIGNATURE:</b> <i>James Q. Fisher</i>		<b>JAMES Q. FISHER</b>		3/10/97 3055566627	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	