,	ANNUAL RE 1998	COMPANY PORT		Sandra B Secretar DIVISION OF C	TMENT OF STATE  Mortham  y of State CORPORATIONS	1	S8 <mark>MAR 2</mark> 9 SECRETAI	ey op s	TA1e
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 # L9700000151						TALLAHASSEE, FLORIDA			
	ENGELBEI 3230 ST	RG, CANTOR, IRLING ROAD OD FL 33021	LEON			1a. Principal Piece 3230 ST HOLLYWO	IRLING	ROAD	
2. Princip	2. Principal Place of Business			lling Address		3. Date Organize	d or Qualified	3a. State	of Formation
Suite, Apt	Suite, Apt. #, etc.			pt. #, etc.		02/06/1 4. FEI Number	997	FL	
City & Sta	City & State			State		65-0731	731477 Not		
Zip	(	Country	Zip	C	ountry	b. Date of Last N	ероп		ate of Status Desired
	7. Name a	nd Address of Current	d Agent	B. (	Name and Address	of New Regis	tered Agen	t/Office	
HOLL	STIRLII YWOOD FI				Suite, Apt. #, etc.		03/31	798	4876 01047014 ****197.50
9. Pureus									
its register	red office or regist red <b>ag</b> ent, and ac	ons of Sections 608.416 ered agent, or both, in the occept the obligations.	e State of Fig	orida. Such change w	vas authorized by affirma	tive vote of a majority	bmits this state	s. I hereby a	e purpose of changing ccept the appointment
its register as registe	red office or regist red agent, and a	ered agent, or both, in the coept the obligations.	e State of Flo	Orida. Such change w	he above-named limited vas authorized by affirma gnature required when reinstaling usiness Street Address	tive vote of a majority	bmits this state of the members	s. I hereby a	ccept the appointment
its register as register SIGNATU  10. Title	red office or regist red agent, and ad RE	lered agent, or both, in the coept the obligations.  (Registered Agent Accepting / gling Members/Manager	Appointment)	Orida. Such change w	vas authorized by affirma gnature required when reinstaling usiness Street Address	tive vote of a majority	bmits this state of the members ATECity,	State and	ccept the appointment
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its register as register SIGNATU  10. Title	Mana  MORRIS LAURIE	lered agent, or both, in the coept the obligations.  (Registered Agent Accepting / gling Members/Manager  KER XANIX XXXXX  ENGELBERG	Appointment)	INOTE Registered Agont set  A 3 2 3	vas authorized by affirma gnature required when reinstaling usiness Street Address	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	control this state of the members	State and	Zip Code
its register as register SIGNATU  10. Title  NGC XX  MBER	Mana  MORRIS LAURIE  J.C. C	lered agent, or both, in the coept the obligations.  (Registered Agent Accepting / ging Members/Manager  KRIX XANIX XXANI  ENGELBERG  E. MILGRIN	Appointment)	(NOTE Registered Agent signal Agent St. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	vas authorized by affirma gnature required when reinstaling usiness Street Address  **********************************	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	City.	State and WOOD,	Zip Code  FL.  FL.

SIGNATURE AND TYPED ON PRINTED NAME OF BYNNING MANAGING MEMBER OR MANAGER

11. Ido 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 truetee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

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attachment with an address.