

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90009 022 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000005676

1. Corporation Name
LL PARTNERS, INC. OF NEVADA

Principal Place of Business 700 N.W. 107TH AVENUE MIAMI FL 33172	Mailing Address 700 N.W. 107TH AVENUE MIAMI FL 33172
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/28/1997	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 91-1869823		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent MCCAIN, DAVID B ESQ. 700 N.W. 107TH AVENUE MIAMI FL 33172			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			FL 85 Zip Code		

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOK, CHARLES	1.2 NAME	Bruce Gross
STREET ADDRESS	700 N.W. 107TH AVE	1.3 STREET ADDRESS	700 N.W. 107 Avenue
CITY-ST-ZIP	MIAMI FL 33172	1.4 CITY-ST-ZIP	Miami FL 33172
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEVORY, MARK A	2.2 NAME	Mark A. Shevory
STREET ADDRESS	8190 STATE ROAD 84	2.3 STREET ADDRESS	8190 State Road 84
CITY-ST-ZIP	DAVIE FL	2.4 CITY-ST-ZIP	Davie FL 33322
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRASNOFF, JEFFREY P	3.2 NAME	Jeffrey P. Krasnoff
STREET ADDRESS	760 NW 107TH AVE STE 100	3.3 STREET ADDRESS	760 NW 107 Avenue
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami FL 33172
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, SHELLY	4.2 NAME	Shelly Rubin
STREET ADDRESS	760 NW 107TH AVE STE 100	4.3 STREET ADDRESS	760 N.W. 107 Avenue
CITY-ST-ZIP	MIAMI FL 33172	4.4 CITY-ST-ZIP	Miami FL 33172
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALCOLM, WAINWRIGHT	5.2 NAME	
STREET ADDRESS	700 NW 107TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANTAELLA, GRACE	6.2 NAME	David B. McCain
STREET ADDRESS	700 NW 107TH AVE	6.3 STREET ADDRESS	700 N.W. 107 Avenue
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	Miami FL 33172

14. I 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 or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  David B. McCain, Secretary 1/20/99 (305) 485-2070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)