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

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

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	FILED

	1997		LEE	DIVISION C	OF CORPO	DRATIONS	<u>, </u>	37 MAY 16	AM 9: 11	
FILING		Annual Report \$100.00						Filler Marie.	A ATTATE	
\$ 203.	75 Make	Check Payable To			سجون المستحد			SECRETARY	Y OF STATE EE, FLORIDA	
of Limite	ed Halisty Compi	ss DOCUM	MENT	# L920(00000	49		INLLAI MOO		
Jer	fra Devel	opment, L.C.					1a. Principal Pi	ce of Business	Address	
		NRosenwasse	•					•	ir-Suite-234-West	
		-Ready-Suite-		eet		:	Boca-Ra	ton, Flor	rida33431	
50	ea-Haten _t	-Florida334) 5 ‡~					•		
If above m	ailma address is ince	proof in any way. Ilne throug	nh incorrect	information au	i enler come	: ction in Alack 2a	.			
If above mailing address is incorrect in any way, tine through incorrect Principal Place of Business 2a. Mailin				ng Address			3. Date Organiz	ed or Qualified	3a. State of Formation	
2255 Glades Road 2:			255 Glades Road			12/01/9	2	Florida		
Suite, Apt.				uite, Apt. #, etc.			4. FEI Number		Applied For	
Suite City & State	<u>405 East</u>			Suite 405 East City & State						
•	Raton, Fl	orida	•	Soca Raton, Florida			65-0573	7	Not Applicable	
Zip		ountry	Zip	NALUM	Country		5. Date of Last	Report	6. Certificate of Status Desired	
33431		USA	33431		U	SA	06/24/9	6	SB 75 Add-tional Fee Required	
	7. Name an	d Address of Current R	egistered /	Agent			8. Name and Add	ress of New Re	egistered Agent	
n.	11 11 70	-				Name				
Ronald N. Rosenwasser, P.A. One Boca Place - Suite 234 Wes						II T. MCKAE, ss (P.O. Box Number	T. McRae, P.A. P.O. Box Number is Not Acceptable)			
2255 Glades Road) ·			lades Road	, ·			
Во	ca Raton,	Florida 334	31		Suite, Apt. #, etc.					
					L		405 East		· · · · · · · · · · · · · · · · · · ·	
						City.		#1	Zip Code	
9 Pureus	nt to the provision	s of Sections 608 416 as	vi 808 508	Florida Statut	es the alv	Boca R		FL	33431 ement for the purpose of changing	
its registere	ed office or registe	red agent, or both, in the !							s. I hereby accept the appointment	
as register	ed agent, and acc	cept the obligations.								
SIGNATUI	RE Witch	Phoist of Add (Alternation An	contment) /N	OTE Benefitied &	nani august za	required when rem		DATE Apri	11 11, 1997	
10. Title		ing Members/Managers	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ore riogrammers		s Street Addr		City	, State and Zip Code	
•								<u> </u>		
М	M Schiff, Jerry 23123 Sta			State	Road 7	, Suite 201	Boca Ra	ston, FL 33428		
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11 Idoher	eby certify that the	Information supplied with	this iling do	es not qualify	for the exe	mption stated i	in Section 1 19.07(3) (i),	Florida Statutes.	I further certify that the information	
indicated or	n this annual repo	rt is true and accorate an	d that my si	gnature shall	have the si	ame legal effe	ct as if made under oat	n; that I am a ma	naging member or manager of the ame appears in Block 10, or on an	
	t with an address.	S. SOS. I Syon II Salad Allif			, w wa 194	,p	want talled Amelell	, with the street 1117 ()	approximate an account to an account	

VACING MEMBER OR MANAGER

INHSE10 R(12-96)

SIGNATURE:

Jerry Schiff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MA