		May 1, 1999 or		Liability	Com	ipany wi	li be						
LIMITEI A	LORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS				SCORETARY OF STATE DIVISION OF CORPORATIONS 99 MAR 17 PM 1:52								
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE									33 tum .	•			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # 19200000056													
RITTER HOLDINGS, L.C. 16900 S. DIXIE HIGHWAY MIAMI FL 33157								1a. Principal Place of Business Address 16900 S. DIXIE HIGHWAY MIAMI FL 33157					
2 Principal Place of Business 2a. M				lailing Address				3. Date Organized or Qualified			3a. State of Formation		
Suite, Apt #, etc.			Suite, Ap	Suite, Apt. #, etc.				12/14/1 FEI Number	.992	FL			
City & State			City & Sta	City & State			,	65-0385	• •		Applied For Not Applicable		
Zip	ip Country			Zip Countr			5. Date of Last F 03/05/1				ate of Status Desired		
	7. Name	and Address of Curren	l Registered	Agent	<u> </u>				s of New Regist	tered Agent	/Office		
1391 CORAL WAY, PR-2 MIAMI FL 33145 Suite, Apt City 9. Pursuant to the provisions of Sections 608 416 and 608,508, Florida Statutes, the above-named its registered office or registered agent, or both, in the State of Florida. Such change was authorized by as registered agent, and accept the obligations.								Zip Code FL Aited liability company submits this statement for the purpose of changing					
SIGNATURE (Registeric Agent Accepting Appendition to 1). 10. Title Managing Members/Managers				Business Street Address				City. State and Zip Code					
ngrm Mgrm	RITTER, JAMES RITTER, JOYCE RITTER, RAYMOND						нісн	IGHWAY IGHWAY	MIAMI MIAMI MIAMI	FL			
MGRM	RITTE	R, JAMES R	JR	16900	S.	DIXIE	нідн		- 03/1	/위기 (1) 역/역역	*57.4457: 1 01099022 ****188.75		
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. Hurther 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 of the receiver or trusted 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.													
SIGNATURE: 305 351-477													

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