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

1	D LIABILIT ANNUAL R 199	EPOF	AKE		Sand Sec	ra B. Me retary of]	FILE	D C	3
FILING			ual Report \$100.0					97	APR 21	M 9: 29	}
	.75 Ma and Mailing Ad- ited Liability Cor	dress	eck Payable T DOCU		T#1920			SEC	CRETARY OF	STATE	
								TAILAHASSEE FLORIDA 1a. Principal Place of Business Address B01 UNO LAGO DRIVE JUNO BEACH FL 33408 MUB			
	mailing address is oat Place of Bus		in any way, line thro		act Information and enter correction in Block 2a.			2 Dete Organia	ed or Qualified I	3a. State of F	
Suite, Apt			801 UND MAGO D.C. Suite, Apt. M. etc.				12/23/1992 FL				
								4. FEI Number Applied For			
City & Stale				City & State			J-t,FL	55-0390885 5. Date of Last Report 6. Ce			Not Applicable of Status Desired
Zip		Countr	У	331	408	Pic	" LM <u>B</u> 662	1 5/01/19	96	SB 75 Add-hona	Fee Hequited
			dress of Current	Registered	8. Name and Add	iress of New Re	latered Agent				
POPE, KIMBERLY 801 UNO LAGO DRIVE JUNO BEACH FL 33408 Sune,								SOLOHOU II s (P.O. Box Number Is Not Acceptable) 1 UNO LAGO Drive			
9. Pursuant to the provisions of Sections 608 16 and 608.508, Florida Statutes, the above-name								De CAFL Zip Code Zip Code 32U03 nited liability company submits this statement for the purpose of changing			
its registe	red office or regi ered agent, and	sten#da	gent or both to the	State of Fi	orida. Such cha	inge was a	uthorized by affirma	live vote of a major	ity of the members	. I hereby accep	t the appointment
SIGNATURE			elered Ageni Accepting A	Appointment) (NOTE Registered Agent signature required when reinstating))	DATE3	11310	<u>} </u>
10. Title	Mai	naging M	dembers/Managers	<u> </u>	.	Busine	ess Street Address	·	City,	State and Zip C	Ode
MGRM	SOLOMON	, \ _J	. C II		1073 H	ILLSE	ORO MILE	1-8-	HILLSBOR	RO BCH.	, FC 3340
MGRM GRAZIOTTO, RAYMOND				E 1200 MARINE WAY, AP				T. B402.	PALM F	BCH. FL	1 FC33408
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•	·							6:0	0 CO 2 -04/22/ *****20	15041 97010 3.75 **]167 39-025 ⊮∗*203.75
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indicated of limited liab attachmen	on this annual re bility company o nt with an addre	eport is t r the rec ss.	rue and acqurate a	unik∤ tha∦ my	signature shall	have the	emption stated in Se same legal effect as equired by Chapter (if made under oat	h; that I am a man	aging member (or manager of the
SIGN	NATURE	::	SICKE URE AND TYPE	D OR PRINTED	NAME OF SIGNIN	A DAIL ON LONG	MEMBER OR MANAGER		Dete	Daytin	ne Phone (f
EXPLA URE AND TYPED OR PRINTED NAME OF SIGNING MANUGING MEMBER OR MANAGER Date Daytime Phone II [NHSE10 R(12-96)]											