


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

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 FEB 26 PM 1:38

FILING FEE \$ 203.75 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L93000000057

1a. Principal Place of Business Address
P O BOX 3768
LANTANA FL 33465

DOWNTOWN WEST PALM BEACH LIMITED COMPANY
P O BOX 3768
LANTANA FL 33465-3768

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/10/1993	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For
Zip		Country		65-0400814	<input type="checkbox"/> Not Applicable
Zip		Country		5. Date of Last Report	6. Certificate of Status Desired
				02/26/1996	<input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
MECCA, PETER L
1202 S LAKE DRIVE
LANTANA FL 33402

8. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
800002099718--7
Suite, Apt. #, etc.
02/27/97-01047-007
****203.75 ****203.75
City
Zip Code
FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

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

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
M	MECCA, PETER L	1202 S LAKE DRIVE	LANTANA FL 33462
M	MECCA, LOUIS W	4440 WOODFIELD BLVD	BOCA RATON FL 33434
M	MECCA, LEONARD P	8571 WENDY LANE E	WEST PALM BEACH FL 33411
M	CARRIERO, VICTOR	10549 MAIN STREET	NORTH COLLINS NY 14111
M	MECCA, THOMAS	P O BOX 636	LOXAHATCHEE FL 33470
M	SMIGIEL, GARY	87 17TH AVENUE S	LAKE WORTH FL 33460

11. I do 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 trustee 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: *Peter L. Mecca* PETER L. MECCA 1-25-97 407-968-3605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #