
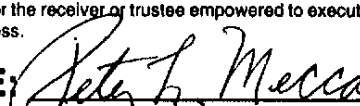


**FILE NOW: Fee after May 1, will be \$588.75**

<b>LIMITED LIABILITY COMPANY ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>	<b>FILED</b>  <b>97 FEB 26 PM 1:38</b>  <b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>	
<b>FILING FEE \$ 203.75</b>		<b>Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>		
<b>1. Name and Mailing Address of Limited Liability Company</b>  <b>DOCUMENT # L93000000057</b>  <b>DOWNTOWN WEST PALM BEACH LIMITED COMPANY P O BOX 3768 LANTANA FL 33465-3768</b>		<b>1a. Principal Place of Business Address</b>  <b>P O BOX 3768 LANTANA FL 33465</b>		
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.				
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.  City & State  Zip      Country		<b>2a. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip      Country		<b>3. Date Organized or Qualified</b>  <b>02/10/1993</b>  <b>4. FEI Number</b>  <b>65-0400814</b>  <b>5. Date of Last Report</b>  <b>02/26/1996</b>
<b>7. Name and Address of Current Registered Agent</b>  <b>MECCA, PETER L 1202 S LAKE DRIVE LANTANA FL 33402</b>		<b>3a. State of Formation</b>  <b>FL</b>  <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable  <b>6. Certificate of Status Desired</b>  <input checked="" type="checkbox"/> \$0.75 Additional Fee Required		
<b>8. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  <b>800002099718--7</b>  Suite, Apt. #, etc.  <b>02/27/97-01047-007</b> <b>****203.75 ****203.75</b>  City  <b>FL</b>  Zip Code				
<b>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.</b>				
<b>SIGNATURE</b> _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>		<b>DATE</b> _____		
<b>10. Title</b>	<b>Managing Members/Managers</b>	<b>Business Street Address</b>	<b>City, State and Zip Code</b>	
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	
<b>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.</b>				
<b>SIGNATURE:</b>  <b>PETER L. MECCA</b> <b>1-25-97</b> <b>407-968-3605</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #</small>				