


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

98 MAR -2 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/3/98

FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company DOCUMENT # L93000000057 DOWNTOWN WEST PALM BEACH LIMITED COMPANY P O BOX 3768 LANTANA FL 33465-3768

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

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 <input type="checkbox"/> Not Applicable
Zip	Country	65-0400814	
		5. Date of Last Report	6. Certificate of Status Desired
		02/26/1997	<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
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8. Name and Address of New Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
800002447228
Suite, Apt. #, etc.
-03/04/98--01099--011
City
Zip Code
FL 33465
****188.75 ****188.75

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
M	MECCA, LOUIS W	4440 WOODFIELD BLVD	BOCA RATON FL
M	MECCA, LEONARD P	8571 WENDY LANE E	WEST PALM BEACH FL
M	CARRIERO, VICTOR	10549 MAIN STREET	NORTH COLLINS NY
M	MECCA, THOMAS	P O BOX 636	LOXAHATCHEE FL
M	SMIGIEL, GARY	87 17TH AVENUE S	LAKE WORTH FL

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* Date: 2/27/98 Daytime Phone #: 561-968-3605