


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 <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> 98 MAR -2 PM 12:46 TALLAHASSEE, FLORIDA <i>2/3</i>	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT # L93000000057</b>		1a. Principal Place of Business Address	
DOWNTOWN WEST PALM BEACH LIMITED COMPANY P O BOX 3768 LANTANA FL 33465-3768				P O BOX 3768 LANTANA FL 33465	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/10/1993	
City & State		City & State		3a. State of Formation FL	
Zip		Country		4. FEI Number	
				65-0400814	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				02/26/1997	
				6. Certificate of Status Desired <input type="checkbox"/> \$0.75 Additional Fee Required	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
MECCA, PETER L 1202 S LAKE DRIVE LANTANA FL 33402				Name Street Address (P.O. Box Number is Not Acceptable) 800002447228 Suite, Apt. #, etc. -03/04/98--01099--011 City Zip Code FL 33402	
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 reinstalling)					
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: <i>Peter L Mecca</i>		2/27/98		561-968-3605	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	