


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 22 MAR - 9 AM 10:25	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
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 Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 02/10/1993 4. FEI Number 65-0400814 5. Date of Last Report 03/02/1998	
3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		6. Certificate of Status Desired <input checked="" 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/Office Name Street Address (P.O. Box Number is Not Acceptable) 700002801237 Suite, Apt. #, etc. 03/10/98-01081-000 ****188.75 ****188.75 City FL Zip Code		
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 for all entities)					
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>Zemal Mecca</i>		2/26/99		561-968-3605	
SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY, MANAGING MEMBER OR MANAGER REQUIRED					