


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
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APPROVED
AND
FILED

97 JAN 28 AM 9:33

FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 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 # L93000000079
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ABTHY, L.C.
ABTHY, L.E.
~~BOX 350~~
CEDARHURST NY 11516-0350

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address

ABTHY, L.E.
BOX 350
CEDARHURST NY 11516

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	
Suite, Apt. #, etc.		ABTHY, L.C.	
City & State		Box 418	
Zip		CEDARHURST NY	
Country		11516-0418 NASSAU	

3. Date Organized or Qualified	3a. State of Formation
02/24/1993	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
11-3148285	
5. Date of Last Report	6. Certificate of Status Desired
02/22/1996	\$8.75 Annual Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent	
CCKEY, PRESTON O JR. 201 NORTH FRANKLIN ST STE. 2100 TAMPA FL 33602	

8. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, etc.	
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
MGRM	BROCK, GEORGE	534 WILLOW AVE., STE. 203	CEDARHURST NY
MGRM	BROCK, RICHARD	534 WILLOW AVE., STE. 203	CEDARHURST NY

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***203.75 ***203.75

George Brock
1/28/97

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: *George Brock* 1/24/97 516-565-0201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #