
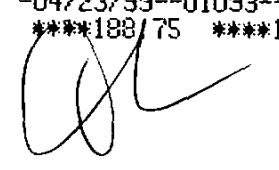
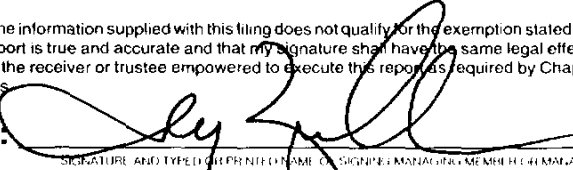


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED APR 16 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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 # L93000000086			
Z WEST, L.C. 3154 NORTHSIDE DR SUITE 101 KEY WEST FL 33040		1a. Principal Place of Business Address 3154 NORTHSIDE DR SUITE 101 KEY WEST FL 33040			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/23/1993	
City & State		City & State		4. FEI Number	
Zip		Zip		59-3167634	
Country		Country		5. Date of Last Report	
				04/17/1998	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
ZIRILLI, ANTHONY 3154 NORTHSIDE DR. KEY WEST FL 33040		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when tested plus)				DATE _____	
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	ZIRILLI, ANTHONY C	3154 NORTHSIDE DR		KEY WEST FL	
MGR	ZIRILLI, SUSAN D	3154 NORTHSIDE DR		KEY WEST FL	
400002849954--5 -04/23/99--01033--019 ****188/75 ****188.75 					
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:  4-8-99 305 292-6366					