File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.						File CRETARY C Jon 60 oor	DE STATE	1
	D LIABILITY COM INNUAL REPORT 1999	A PART OF THE PART	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		99 MAC - 9 - 7.11 (0: 24			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE					j			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # 19300000202								
	SEVEN D. WH 225 N. FEDE POMPANO BEA	1a. Principal Place of Business Address 225 N. FEDERAL HWY, SUITE 41 POMPANO BEACH FL 33062						
2 Principa	al Place of Business	2a. Mailir	ng Address		3. Date Organized or Qualified 3a. State of Formation O6/25/1993 FL		tion	
Suite, Apt. #, etc. Suite, Apt.			#, etc.		4. FEI Number			plied For
City & State City & Sta			ite		65-0364464			t Applicable
Zip Country Zip			Country		5. Date of Last Report 04/02/1998		6. Certificate of States 58.75 Additional Fee F	
	7. Name and Addr	ess of Current Registered	Agent	8. 1	Name and Address			13491140
Street Address (P.O. Box Number is Not Acceptable) Jensen Beach, FI. 34957 Suite, Apt. #, etc. -03/10/3901060015 City 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 of a gricular discount and accept the appointment as registered agent, and accept the potropation. SIGNATURE DATE DATE DATE DATE								
10. Title	Title Managing Members/Managers		Busir	ness Street Address		City, State and Zip Code		
MEM	DEGOL, DONALD A		8600 s. o	Unit 904	Jensen	Beach, FL	34957	
'MEM	DEGOL, DAV	TID A	5200 N. O	cean Blvd.	# 1006	Fort I	auderdale,	FL 33308
11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Hurther 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: Chapter 608 Statutes Chapter 608 Ch								