
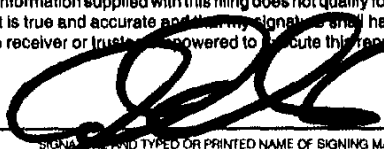


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company FORUM FLORIDA L.C. P.O. BOX 4280 PORTSMOUTH FL 03802-4280		DOCUMENT # L93000000216	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.		1a. Principal Place of Business Address 13380 SW 131 ST SUITES 123 & 124 MIAMI FL 33186	
2. Principal Place of Business Suite, Apt. #, etc. PO Box 4280 City & State Portsmouth, NH Zip 03802-4280	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country USA	3. Date Organized or Qualified 07/13/1993 4. FEI Number 02-0464971 5. Date of Last Report 08/14/1996	3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <input type="checkbox"/> <small>SB 79 Additional Fee Required</small>
7. Name and Address of Current Registered Agent CAMET, EDUARDO 13380 SW 131 ST SUITES 23 & 24 MIAMI FL 33186		8. Name and Address of New Registered Agent Name CAMET, EDUARDO Street Address (P.O. Box Number is Not Acceptable) 9050 Pines Blvd Suite, Apt. #, etc. Suite #110 City Pembroke Pines Zip Code FL 33024	
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	CAMET, EDUARDO A	13380 SW 131 ST SUITES 23	MIAMI FL
MEM	LABRIE, JAMES A	59 BOW ST	PORTSMOUTH NH
MEM	ALBERTSEN, ANDERS E	59 BOW ST	PORTSMOUTH NH
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: 		Anders E. Albertsen 4/10/97 (603) 431-2600	