


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
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 # L93000000372	
FOUR WAVES AT MAYFAIR, L.C. 5701 N. PINE ISLAND RD. SUITE 390 TAMARAC FL 33321		1a. Principal Place of Business Address 5701 N. PINE ISLAND RD. SUITE 390 TAMARAC FL 33321	
2. Principal Place of Business 2539 OLD ORCHOBEE RD SUITE 1 WEST PALM BEACH, FLA 33409 USA	2a. Mailing Address SUITE, Apt. #, etc. SAME AS City & State (2) Zip Country	3. Date Organized or Qualified 10/21/1993	3a. State of Formation FL
		4. FEI Number 65-0445429	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report 05/02/1997	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>
7. Name and Address of Current Registered Agent LARRY A. ROTHENBERG, P.A. 2424 N FEDERAL HWY SUITE 455 BOCA RATON FL 33431		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 400002511264--6 Suite, Apt. #, etc. 05/05/98 01093 025 ***188.75 ***188.75 City FL Zip Code MDA	
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 resigning)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	FOUR WAVES ENTERPRISES	5701 N. PINE ISLAND RD, ST 2539 OLD ORCHOBEE RD	TAMARAC FL WEST PALM BEACH, FLA

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: ROBERT RIKTEL - PRES - FOUR WAVES ENTERPRISES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/22/98 (561) 478-1857  
Date Daytime Phone #