2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After August 21, 1996. If Dissolved, Minimum Amount Due To Reinstate: $738.75

APPROVED AND FILED

97 JUN -4 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
~~1996~~ 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE $ 263.75 | Annual Report $100.00 + $138.75 Corporation Supplemental Fee + $25.00 LATE FEE
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company — **DOCUMENT #** L93000000385

FTI UDMURT, L.C.
500 NW 62ND ST
5TH FLOOR
FT LAUDERDALE FL 33309

1a. Principal Place of Business Address
500 NW 62ND ST
5TH FLOOR
FT LAUDERDALE FL 33309

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	
701 SE 24 Street		701 SE 24th Street	
Suite, Apt. #, etc. % ELLER Assoc.		Suite, Apt. #, etc. % ELLER Assoc.	
City & State Ft. Lauderdale FL		City & State Ft. Lauderdale FL.	
Zip 33316	Country U.S.A	Zip 33316	Country U.S.A.

3. Date Organized or Qualified: 11/01/1993
3a. State of Formation: FL
4. FEI Number: 65-0448972 [ ] Applied For [ ] Not Applicable
5. Date of Last Report: 08/09/1995
6. Certificate of Status Desired — $8.75 Additional Fee Required [ ]

7. Name and Address of Current Registered Agent

BERGER, JAMES L
100 NE 3RD AVE
SUITE 400
FT LAUDERDALE FL 33301

8. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt #, etc.
City FL Zip Code

400002290614
-06/09/97--01177--010
****263.75 ****263.75

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
MEM	SERFUSTINI, ANTHONY	500 NW 62ND ST 5TH FL	FT LAUDERDALE FL
MEM	BELL, JAMES	500 NW 62ND ST 5TH FL	FT LAUDERDALE FL
MEM	SRKAL, MILOTA	500 NW 62ND ST 5TH FL	FT LAUDERDALE FL

O. Allen 6/4/97

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), 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 all other like empowered.

SIGNATURE: [signature] Milota K. SRKAL 4/28/97 (954)491-7061