
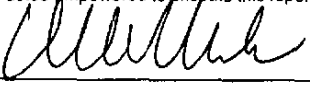


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 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  FTI UDMURT, L.C. 701 S.E. 24TH STREET C/O ELLER ASSOCIATES FT. LAUDERDALE FL 33316		DOCUMENT # L93000000385	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country	
3. Date Organized or Qualified  11/01/1993		3a. State of Formation  FL	
4. FEI Number  65-0448972		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report  06/04/1997		6. Certificate of Status Desired  \$8.75 Additional Fee Required <input type="checkbox"/>	
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/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc. 400002511064-0 -05/05/98-01085-006 City Zip Code 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 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) (NOT: 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
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: 		MILOTA K. SRKAL 4/23/98 453-6575	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	