ANNUAL REPORT See				MENT OF STATE B Harris OF State OF STATE SECRE FARY OF STATE DIVISION OF CORPORATIONS			
\$ 188.75	Annual Report \$100.00 Make Check Payable	To: FLORIDA	DEPARTMEN	IT OF STATE	99 FEB 22	? AM 10:	25
 Name and Maili of Limited Liabit 	ng Address ity Company DOCL	MENT #	L930000	000389			
1287	AFRUIT, L.C. W. ATLANTIC I ANO BEACH FL		Qu.P	r K		ATLAN	s Address NTIC BLVD. I FL 33069
2 Principal Place	of Business	2a. Mailing Address			3. Date Organized or Qualified 3a. State of Formation 11/10/1993 FL		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number Applied For		
City & State		City & State			65-0443370		Not Applic
Zip	Country	Zip	Coun	ntry	5. Date of Last F	•	6. Certificate of Status Desi \$8.75 Additional Fee Required
its registered office as registered agen	or registered agent, or both, in the t, and accept the obligations.				ative vote of a majorit	y of the membe	Zip Code Itement for the purpose of changers. Thereby accept the appointment of the purpose of changers.
SIGNATURE	(Heyestered Agent Accepting				(4)	DATE _	
MGRM LEV	Managing Members/Manage			ess Street Address	·		NO BEACH FL
					70	0002 -02/2 ****	> 7:3:5:45.7 :6/93 - 01:15 -003 188.75 ****188.
indicated on this an limited liability comp attachment with an	nual report is true and accurate pany or the receiver or trustee ϵ	and that my signa mpowered to exec	ture shall have the cute this report as r	same legal effect a	s if made under oath	; that I am a m	s. Hurther certily that the informal anaging member or manager of name appears in Block 10, or or