


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company DOCUMENT # L94000000008 M. G. LARRK TWO, L.C. 201 ALHAMBRA CIRCLE 8TH FLOOR CORAL GABLES FL 33134
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1a. Principal Place of Business Address 201 ALHAMBRA CIRCLE 8TH FLOOR CORAL GABLES FL 33134
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	3. Date Organized or Qualified 01/04/1994	3a. State of Formation FL	4. FEI Number 65-0568689 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	5. Date of Last Report 05/04/1998	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>
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7. Name and Address of Current Registered Agent KRONGOLD, M. RONALD 201 ALHAMBRA CIRCLE 8TH FLOOR CORAL GABLES FL 33134	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL
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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 _____
(For Signed Agent Accepting Appointment) (NOTE: Registered Agent Signature is required when listed below)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	KRONGOLD, M. RONALD	201 ALHAMBRA CIRCLE, 8TH F	CORAL GABLES FL
MGRM	KRONGOLD, GLENDA	201 ALHAMBRA CIRCLE, 8TH F	CORAL GABLES FL

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LC
3-24-99

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: _____
SIGNATURE AND TYPE OF OFFICE (NAME OF SIGNER MUST APPEAR IN FULL) (Type in Print)