


2nd and
FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JUL 26 PM 2:17

FILING FEE \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
--------------------------------	--

1. Name and Mailing Address of Limited Liability Company DOCUMENT # L94000000292 MARINO FAMILY, LIMITED COMPANY 230 NE 25TH AVENUE 971 BRIARWOODS ROAD OCALA FL 34470 FRANKLIN LAKES NJ 07417
--

1a. Principal Place of Business Address 230 NE 25TH AVENUE OCALA FL 34470

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 06/23/1994	3a. State of Formation FL
4. FEI Number 59-3252097	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 05/07/1998	6. Certificate of Status Desired \$6.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent CORPORATION SERVICE , COMPANY 1201 HAYES STREET TALLAHASSEE FL 32301

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
--

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
MGR	MARINO, DOMINIC	971 BRIARWOODS ROAD	FRANKLIN LAKES NJ
MGR	MARINO, JAMES	971 BRIARWOODS ROAD	FRANKLIN LAKES NJ

000002949620--5
-08/03/99--01084--025
****188.75 ****188.75

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:  7-14-99 201-935-0011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

JULY 14, 1999

DIVISION OF CORPORATIONS
REGISTRATION SECTION
P O BOX 6327
TALLAHASSEE, FL. 32314

TO WHOM IT MAY CONCERN:

WE HAVE JUST RECEIVED THE 1999 ANNUAL REPORT FILING
NOTICE WHICH APPARENTLY HAS BEEN FLOATING AROUND
IN THE MAIL FOR SOME TIME. AS INFORMATION, THE HOME
ADDRESS FOR THE PAYMENT OF ALL INVOICES FOR MARINO
LTD CO. IS 971 BRIARWOODS ROAD FRANKLIN LAKES, NEW
JERSEY 07417.

WE APPRECIATE YOUR CORRECTION OF THIS ERROR AND
ENCLOSE OUR CHECK 1015 IN THE AMOUNT OF \$188.75 TO
COVER THE NORMAL FILING FEE ASSESSED.

THANK YOU FOR YOUR UNDERSTANDING AND COOPERATION.

MARINO LIMITED LIABILITY COMPANY

JAMES MARINO

A handwritten signature in black ink, appearing to read 'James Marino', written in a cursive style.