

FILE NOW: Fee after May 1, will be \$263.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1995



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

FILING FEE
\$ 238.75

Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

BRICK FORTRESS, L.C.
% ARNOLD LICHTSCHEIN
1205 LINCOLN RD., #216
MIAMI BEACH FL 33139

DOCUMENT #L94000000326

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

2. Mailing Address	2a. Principal Place of Business		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

3. Date Organized or Qualified	4. State of Formation	
07/13/1994	FL	
4. FEI Number	5. Date of Last Report	
65-0505453	6. Certificate of Status Desired	
<input type="checkbox"/> Applied For		
<input type="checkbox"/> Not Applicable		

5. Date of Last Report	6. Certificate of Status Desired
<input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent	
FEIG, MARC I 8000 PETERS RD., SECOND FLOOR PLANTATION FL 33324			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 (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when renominating)		DATE	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	LICHTSCHEN, ARNOLD	1205 LINCOLN RD., STE. 216	MIAMI BEACH FL
		700001391287 -01/27/95--01051--002 ****238.75 ****238.75	
		1/26/96 NS	

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 110.07(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 my address.

SIGNATURE:

A. Lichtschein, M.P. Member

Date Daytime Phone #