


LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 MAR 17 PM 2:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1 Name and Mailing Address of Limited Liability Company		DOCUMENT #L94000000336			
T & T ENTERPRISES OF PALM BEACH, L.C. 18333 102 WAY SOUTH BOCA RATON FL 33498-1651		1a. Principal Place of Business Address 18333 102 WAY SOUTH BOCA RATON FL 33498			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2 Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/15/1994	
City & State		City & State		FL	
Zip		Zip		4. FEI Number	
Country		Country		65-0499458	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				05/01/1996	
				6. Certificate of Status Desired	
				S\$ 75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent		
WHALEN, TIMOTHY J. DAVES, WHALEN, MCHALE & COUSIDINE 301 CLEMATIS STREET, SUITE S-200 WEST PALM BEACH FL 33401			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 700002118197--2 -03/19/97--01096--008 City ****203.75 Code ****203.75 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	TIBBETTS, DAVID	400 AUSTRALIAN AVE SOUTH WEST PALM BEACH FL			
MGR	TIBBETTS, KATHRYN	400 AUSTRALIAN AVE SOUTH WEST PALM BEACH FL			
MEM	TIBBETTS, DAVID	400 AUSTRALIAN AVE SOUTH WEST PALM BEACH FL			
MEM	TIBBETTS, KATHRYN	400 AUSTRALIAN AVE SOUTH WEST PALM BEACH FL			
		all above 18333 102 WAY SOUTH BOCA RATON, FL 33498		JB 317-97	
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: _____		DAVID W TIBBETTS 1/2/97		561-688-3109	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	