## FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT  FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State					FILED		
	1997		DIVISION OF CORPORATIONS		97 MAR 20 AH 10: 00		
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee  \$203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Malling Address of Limited Liability Company  DOCUMENT #1.94000000402					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
POWERHOUSE PROPERTIES, I.C. 1497 CHAIN BRIDGE ROAD #305 MCLEAN VA 22101					1a. Principal Place of Business Address  1731 PINETREE DRIVE MIAMI BEACH FL 33140		
If above mailing address is incorrect in any way, line through incorrect information and enter correct Principal Place of Business   2a. Mailing Address				orrection in Block 2a.	3. Date Organized or Qualifie	d 3a. State of Formation	
Suite, Apt.	W, etc.	Suite, Ap	Suite, Apl. #, etc.		08/17/1994 4. FEI Number	FL	
City & State	)	City & Sta	City & State		65-0499022	Applied For  Not Applicable	
<b>2</b> ip	Country	Zip	Cour	ntry	5. Date of Last Report	6. Certificate of Status Desired  \$8.75 Additional Fee Required	
ļ——-	7. Name and Address of C	urrent Registered	Agent		04/29/1996 8. Name and Address of New	Registered Agent	
9. Pursuan its registere as registere	d office or registered agent, or bot ed agent, and accept the obligation	98.416 and 608.508, h, in the State of Flor ons.	ida. Such change was	authorized by affirm	Filed liability company submits this stative vote of a majority of the member DATE	atement for the purpose of changing pers. I hereby accept the appointment	
10. Title	(Registered Agent Accepting Appointment) (NOTE Registered Agent		<del></del>	ure required when reinstatin ness Street Address		City, State and Zip Code	
MGR 3	RAY AND COMPAN	Y HOLDI	731 PINET	REE DRIVE		BEACH FL 33140 2123135-7 5/97-01037-009 203.75 ****203.75	
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 liabili attachment	ity company or the receiver or tru with an address.  ATURE:	stee empowered to		equired by Chapter	608, Florida Statutes; and that my	nanaging member or manager of the rame appears in Block 10, or on an Daylime Phono	