


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> <b>SECRETARY OF STATE</b> <b>DIVISION OF CORPORATIONS</b> <b>98 MAR 10 PM 1:37</b> <i>mtm</i> <i>4/1</i>	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT #</b> <b>L94000000482</b>		1a. Principal Place of Business Address	
STINO-MIKHAEL LIMITED COMPANY 1312 S. ADAMS STREET TALLAHASSEE FL 32301				1312 S. ADAMS STREET TALLAHASSEE FL 32301	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/21/1994	
City & State		City & State		3a. State of Formation <b>FL</b>	
Zip		Zip		4. FEI Number <b>59-3268437</b>	
Country		Country		5. Date of Last Report <b>04/14/1997</b>	
7. Name and Address of Current Registered Agent		6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>			
FREUND, MARK 227 N. BRONOUGH STREET SUITE 1101 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			
		<b>500002480885--4</b> <b>-04/07/2000 01044--012</b> <b>**FL 188.75 ****188.75</b>			
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstalling)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGMR	STINO, RAMZI F	2413 RYAN PLACE		TALLAHASSEE FL	
MGM	STINO, HADIA Y	2413 RYAN PLACE		TALLAHASSEE FL	
MEM	MESSIHA, NADIA	C/O 1312 S. ADAMS STREET		TALLAHASSEE FL	
MEM	MIKHAEL, HALA Y	C/O 1312 S. ADAMS STREET		TALLAHASSEE FL	

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:** *Ramzi Stino* **Ramzi Stino** **3-25-98** **(850) 222-0945**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #