

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FEB 17 1999

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 18 AM 11:30 SECRETARY OF STATE TALLahassee, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L94000000591 G.A.E., L.C. 11380 PROSPERITY FARMS ROAD SUITE 217 PALM BEACH GARDENS FL 33410		1a. Principal Place of Business Address 11380 PROSPERITY FARMS ROAD SUITE 217 PALM BEACH GARDENS FL 33410			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/03/1994	
City & State		City & State		3a. State of Formation	
Zip		Country		FL	
				4. FEI Number	
				65-0530181	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				03/30/1998	
				6. Certificate of Status Desired	
				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent/Office		
THIEMANN, DIETER A 11380 PROSPERITY FARMS RD. SUITE 217 PALM BEACH GARDENS FL 33410			Name 188 77 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code		
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 _____		
(By Registered Agent Accepting Appointment)			(By New Registered Agent, Signature Required Unless Registered Agent)		
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	FABISCH, HARTMUT	11380 PROSPERITY FARMS RD.		PALM BEACH GARDENS F	
MGRM	HAIENDORFER, HELMUT	11380 PROSPERITY FARMS RD.		PALM BEACH GARDENS F	
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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: <i>Helmut Haidorfer</i> <i>K. Harris</i> 4. March 1999					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT, SIGNATURE AND TYPED NAME OF MANAGING MEMBER OR MANAGER</small>					