
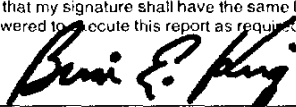


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<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 # L94000000644</b>  350 WEST CAMINO GARDENS, L.C. 350 CAMINO GARDENS BLVD. STE. 100 BOCA RATON FL 33432		1a. Principal Place of Business Address  350 CAMINO GARDENS BLVD. STE. 100 BOCA RATON FL 33432			
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip		3. Date Organized or Qualified 11/29/1994  4. FEI Number 65-0538124  5. Date of Last Report 09/08/1998	
				3a. State of Formation FL  <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable  6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent  KING, BRIAN E 711 N OCEAN AVENUE DELRAY BEACH FL 33496		8. Name and Address of New Registered Agent/Office  Name BRIAN E. KING Street Address (P.O. Box Number is Not Acceptable) 2985 N OCEAN BLVD Suite, Apt. #, etc.  City GULFSTREAM 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 _____ <small>(Registered Agent, Authorized Agent, or Secretary) (If Officer, Registered Agent, Secretary, or Authorized Agent, please print name and title)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	KING, BRIAN E	711 N OCEAN AVE		DELRAY BEACH FL	
MEM	STOLBACH, DIANE	675 MORRIS AVENUE		SPRINGFIELD NJ	
4000002814894-4 -03/23/99--01032--004 ****188.75 ****188.75  3-19-99					
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:  3/12/99 561-573-2080					