


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		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<div>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAR -9 PM 1:30</div> <div>WJ 3/10</div>	
<b>FILING FEE</b> \$ 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  LINTON TOWERS, L.C. 4400 N FEDERAL HWY SUITE 210 BOCA RATON FL 33431		DOCUMENT # L95000000009		1a. Principal Place of Business Address  4400 N FEDERAL HWY SUITE 210 BOCA RATON FL 33431	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country		3. Date Organized or Qualified 01/06/1995 3a. State of Formation FL 4. FEI Number 65-0549359 5. Date of Last Report 03/10/1997 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> See 15 Additional Fee Required	
7. Name and Address of Current Registered Agent  PRINCE, ALLEN 4400 N FEDERAL HWY SUITE 210 BOCA RATON FL 33431		8. Name and Address of New Registered Agent/Office  Name Street Address (P.O. Box Number is Not Acceptable) 500002453635--B Suite, Apt. #, etc. -03/11/98--01048--003 ****188.75 ****188.75 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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	PRINCE, ALLEN	4400 N FEDERAL HWY #210		BOCA RATON FL	
MEM	PRUINCE, ELAYNE	4400 N FEDERAL HWY #210		BOCA RATON 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: <i>Allen Prince, managing member</i> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #					