

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 FEB 22 AM 10:25

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1 Name and Mailing Address of Limited Liability Company	DOCUMENT # L95000000009
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LINTON TOWERS, L.C.
4400 N FEDERAL HWY
SUITE 210
BOCA RATON FL 33431

GA-AR
CM

1a. Principal Place of Business Address

4400 N FEDERAL HWY
SUITE 210
BOCA RATON FL 33431

2 Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified	3a. State of Formation
01/06/1995	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
65-0549359	
5. Date of Last Report	6. Certificate of Status Desired
03/09/1998	\$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
PRINCE, ALLEN 4400 N FEDERAL HWY SUITE 210 BOCA RATON FL 33431	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City

700002789037
02/26/99 01083-016
FL 188.75 ****188.75

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 _____
(Registered Agent Accepting Appointment) (Not Registered Agent Signature Required When Changing)

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: *Elayne Prince, M.M.* 2/18/99 5613948999