



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 Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 93 MAR -9 AM 9:16	
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 # L95000000011 GARY SMIGIEL II, L.C. 87 17TH AVENUE SOUTH 1020 S. Lakeside Dr. LAKE WORTH FL 33462					
2. Principal Place of Business 7965 Lantana Road Suite, Apt. #, etc. City & State Lake Worth, FL Zip 33467 Country		2a. Mailing Address P. O. Box 540623 Suite, Apt. #, etc. City & State Lake Worth, FL Zip 33454 Country		3. Date Organized or Qualified 01/06/1995 3a. State of Formation FL 4. FEI Number NOT APPLICABLE <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 04/03/1998 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent HANDLER, HENRY B 2255 GLADES RD. SUITE 218A BOCA RATON FL 33431				8. Name and Address of New Registered Agent/Office Name 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 _____ <small>(Registered Agent/Secretary/Approver's name) (NOTE: Registered Agent's signature is required when a change is made)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	SMIGIEL, GARY	87 17TH AVENUE SOUTH 1020 S. Lakeside Drive		LAKE WORTH FL 40000028000054- - 1 -03/03/99--01092--012 ****188.75 ****188.75	
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: 		ASSISTANT		3-19-99 5:11 PM 3805	