
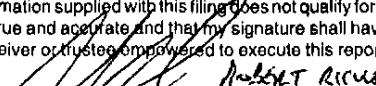


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 APR 29 AM 11:31	
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 # L95000000082		1a. Principal Place of Business Address	
FOUR WAVES AT BOYNTON, L.C. 5701 NORTH PINE ISLAND ROAD SUITE 390 TAMERAC FL 33321				5701 NORTH PINE ISLAND ROAD SUITE 390 TAMERAC FL 33321	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
2539 OLD OKEECHOBEE RD SUITE 1 WEST PALM BEACH, FLA 33409 USA		SAME AS (2)		01/30/1995	
				3a. State of Formation FL	
				4. FEI Number 65-0550465	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 05/02/1997	
				6. Certificate of Status Desired SB 75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
ROTHENBERG, LARRY A 2424 NORTH FEDERAL HIGHWAY BOCA RATON FL 33431		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City			
		900002512099-0 -05/05/98-01136-028 **** Cap. Code **** 188.75 FL			
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) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	FOUR WAVES ENTERPRISES	5701 NORTH PINE ISLAND ROAD 2539 OLD OKEECHOBEE RD		TAMERAC FL WEST PALM BEACH, FLA	
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:  ROBERT RICHER FOUR WAVES ENTERPRISES 4/27/98 (561) 478-1657					