


**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**

**97 APR 28 PM 1:35**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

<b>FILING FEE</b>	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
<b>\$ 203.75</b>	<b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>

1. Name and Mailing Address of Limited Liability Company

**DOCUMENT # L95000000097**

PENTALINK L.C.  
 11214 PINES BLVD.  
 SUITE 242  
 PEMBROKE PINES FL 33026

1a. Principal Place of Business Address

11214 PINES BLVD.  
 SUITE 242  
 PEMBROKE PINES FL 33026

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc. <b>SAME</b>		Suite, Apt. #, etc.		02/03/1995	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Country		5. Date of Last Report	6. Certificate of Status Desired
				08/14/1996	State Additional Fee Required <input checked="" type="checkbox"/>

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
LYTTLE, CORRISON 11839 S.W. 16TH ST. PEMBROKE PINES FL 33025		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	
		Zip Code	
		<b>FL</b>	

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
MGRM	LYTTLE, CORRISON	11839 S.W. 16TH ST.	PEMBROKE PINES FL
MGRM MEM	LYTTLE, MARGIE	11839 S.W. 16TH ST.	PEMBROKE PINES FL
MGRM MEM	LYTTLE, MICHELLE	11839 S.W. 16TH ST.	PEMBROKE PINES FL
MEM	LYTTLE, MERCEDES	11839 SW 16 ST	PEMBROKE PINES FL.

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 \*\*\*\*212.50 \*\*\*\*212.50

*[Handwritten Signature]*

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: CORRISON LYTTLE** *[Signature]* **4/24/97** 957 431 0419  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #