
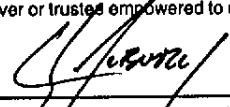


**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS		FILED 97 JUN 11 AM 6:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company <b>ZEBRA INVESTMENTS L.C. 1575 W. COMMERCIAL BLVD. BOX K2 FT. LAUDERDALE, FL. 33309</b>		DOCUMENT # L 95000000124 1a. Principal Place of Business Address <b>1575 W. COMMERCIAL BLVD. BOX K2 FT. LAUDERDALE, FL. 33309</b>			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business <b>SAHE</b> Suite, Apt. #, etc.		2a. Mailing Address <b>SAHE</b> Suite, Apt. #, etc.		3. Date Organized or Qualified <b>02-13-1995</b>	
City & State		City & State		4. FEI Number <b>65-0555403</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Date of Last Report	
				6. Certificate of Status Desired SB 75 Additional Fee Required <input checked="" type="checkbox"/>	
7. Name and Address of Current Registered Agent <b>ALAN PELLINGRA SCHROEDER AND LARCHE, P.A. ONE BOCA PLACE SUITE 319-A 2265 GLADES ROAD BOCA RATON, FL. 33431-7313</b>			8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>100002212011--6</b> Suite, Apt. #, etc. <b>06/13/97--01118--001</b> <b>***588.75 ***588.75</b> City <b>FL</b> 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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	<b>C. SCOTT ALBURY</b>	<b>1575 W. COMMERCIAL BLVD. BOX K2</b>		<b>FT. LAUDERDALE, FL. 33309</b>	
MEM	<b>EVENVALE HOLDINGS LTD. A BAHAMIAN CORPORATION</b>	<b>P.O. BOX N-7776 N/A</b>		<b>NASSAU, BAHAMAS</b>	
MEM	<b>IVY INVESTMENTS LIMITED A BAHAMIAN CORPORATION</b>	<b>P.O. BOX N-7776 N/A</b>		<b>NASSAU, BAHAMAS</b>	
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: <b>X</b> 		Date <b>3/5/97</b>		Daytime Phone #	