File on subject	or before May 1, 1999 to a \$ 400.00 LATE F	or Zir 💸	d Liability	Com	pany will be				
LIMITED LIABILITY COMPANY  ANNUAL REPORT  1999  FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS						FILED L/g/s			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee						99 SEP 15 ALLION			
\$ 188.75   Make Check Payable To: FLORIDA DEPARTMENT OF STA  1 Name and Mailing Address of Limited Liability Company   DOCUMENT # L95000000130						SECRETARY OF STATE TALLAHASSEE FLORIDA			
L.A.W. CORAL SPRINGS, L.C. P.O. BOX 8020 HALLANDALE FL 33008-8020						1a. Principal Place of Business Address			
						3530 NORTH 45TH AVENUE HOLLYWOOD FL 33021			
2 Princip	al Place of Business	ing Address	Address			3. Date Organized or Qualified   3a. State of Formation			
- <u></u>		······································			02/16/1995		FL		
Suite, Apt	#, etc	ot #, etc.			4. FEI Number		<b>!</b>	Applied For	
City & Sta	tic	ate			65-0566532			Not Applicable	
Zip	Country	<b>7</b> φ		Count	гу	5. Date of Last Report			itional Fee Regulred
		15				03/05/1			
7. Name and Address of Current Registered Agent						Name and Addres	s of New Hegis	terea Ager	πιστικέ
20803 BISCAYNE BLVD., STE. 200 AVENTURA FL 33180				Suita, Apt. #, etc.			600002989376		
1					City	Zip Code			
its register	int to the provisions of Sections 608.4 red office or registered agent, or both, is red agent, and accept the obligations	16 and 608 508 the State of Flo	3, Florida Statute orida. Such chanç	s, the a e was a	bove-named limited uthorized by affirmat	liability company si tive vote of a majorit	ubmits this state	ment for th s. I hereby a	e purpose of changing accept the appointment
SIGNATU	RE	·					DATE		
(Registered Agent Accepting Appoinment) (NOTE Registered Agent aigns 10. Title Managing Members/Managers Elusia					ess Street Address	)	City, State and Zip Code		
MGR	WEISS, LAURENCE	3530 NORTH 45TH AVE			7E.	HOLLYWOOD FL			
[,									
indicated of limited hab attachnien	reby certify that the information supplies in this annual report is true and accurality company or the receiver or truster twith an address.	ate and trial my to empowered to	signature shall h	ave the ort as re	same legal effect as	if made under oath	n; that I am a ma	naging mer	mber or manager of the