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**

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee

98 MAR 27 PM 2: 42

\$ 188	.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE						H3127		
1. Name and Malling Address of Limited Liability Company DOCUMENT # 19500000186									10) ,
BIG PINE ESTATE, L.C. 1932 TYLER ST HOLLYWOOD FL 33020							1a. Principal Place of Business Address 1932 TYLER ST HOLLYWOOD FL 33020		
2. Principal Place of Business 2a. Mail			ing Address			3. Date Organized	or Qualified	3a. State of Formation	
Sulte, Apt. #, etc. Suite			Suite, Ap	Apt. #, etc.			03/09/1995 FL 4. FEI Number		
City & State			City & Sta	City & State			65-0559285 Not Applical		Not Applicable
Zip	<u>.</u>	Country	Zip		Count	ry	5. Date of Last Rep		6. Certificate of Status Desired \$8.75 Additional Fee Regulred
	7 Nemo	and Address of Cu	urant Besistered	A	į		<u> 02/10/19</u>	197	
	7. Name	and Address of Ct	irrent Registered	Agent		8. Name and Address of New Registered Agent/Office			
HUNTER, E T 1930 TYLER ST HOLLYWOOD FL 33020 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, t						Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, etc. -04/02/9301095012 City ****132p Gode *****168.75 FL			
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							DA	TE	·
						pss Street Address City, State and Zip Code			
MGRM		, ROBERT			TYLEI				OOD FL
11 Idoher	aby cartify that t	he information suppli	iod with this filing de	as not qualif	u for the eve	motion stated in Sec	ction 119 07/3) (i) Etec	ida Statutas I	further continues 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.