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

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 \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

SECRETARY OF STATE DIVISION OF CORPORATIONS
98 APR 23 PM 2: 31

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Name and Mailing Address
 of Limited Liability Company

DOCUMENT #

L95000000319

RAINBOW PARTNERS LIMITED COMPANY 5854 S. DIXIE HIGHWAY SOUTH MIAMI FL 33143-3645

Principal Place of Business Address

5854 S. DIXIE HIGHWAY SOUTH MIAMI FL 33143

	_										
2. Principal Place of Business 2a. Maili			ng Address			3. Date Organi	3a. State of Formation				
Suite, Apt. #, etc. Suite, Ap			t. #, etc.			04/24/	FL				
							4. FEI Number			Appli	ed For
City & State City & Sta			ate			65-057	Not Applicable				
Zip	Country Zip		Z ip	Count		у	5. Date of Last	Report	port 6. Certificate		s Desired
							04/28/1997		\$8.75 Additional Fee Required		
	7. Name	and Address of Curre					ss of New Registered Agent/Office				
WHITE, LYDIA M						Name					
		IE HIGHWAY			Street Address (P.O. Box Number is Not Acceptable)						
SOUT	H MIAMI	FL 33143	Dulto Ant II ala								
			Suite, Apt. #, etc.								
			City			Zip (p Code		
						<u> </u>					
its register	red office or regis	ions of Sections 608.41 stered agent, or both, in	6 and 608.508, the State of Flor	Florida S tatute ida. Such <mark>chan</mark> g	s, the ab ge was au	ove-named limited thorized by affirmat	liability company : ive vote of a major	submits this state ity of the member:	ment for the s. I hereby a	purpose of ccept the app	changing pointment
as registered agent, and accept the obligations.											
SIGNATU	RE	(Registered Agent Accepting	OTE Registered Agent signature required when reinstating)				_ DATE				
10. Title	Managing Members/Managers			Business Street Address				City, State and Zip Code			
							<u>.</u>				
MGRM	WHITE, LYDIA M			500 SAVONA AVENUE				CORAL GABLES FL			
MGRM	GODFREY, ANN - MARIE M			2220 S.W. 105 TERR.				VILLAGE OF PINE CRES			
MGRM	WHOBERRY-URIBE, REBECC			301 NW 109 AVENUE, #215			#215	MIAMI FL			
MGRM	RENE-URIBE, EDGAR 301 N			301 NW	109	AVENUE,	#215	MIAMI	FL		
	•						40	0002 -04/28 ****1	502 3/98(88. 75	574)1052 ****1	——9 002 88.75

11. Ido hereby ertify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (I), Florida Statutes. Ifurther 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 Ilmited 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

NGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4-20.98 666-6647