


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED 97 JAN 30 PM 4:25 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 TRILOGY PARTNERS, L.C. P.O. BOX 3000 BOCA RATON FL 33431-0900		DOCUMENT # L95000000378 1a. Principal Place of Business Address 7280 W PALMETTO PARK RD. SUITE 110 BOCA RATON FL 33433		
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>				
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/15/1995
City & State		City & State		FL
Zip		Zip		4. FEI Number
Country		Country		65-0580453
				<input type="checkbox"/> Applied For
				<input type="checkbox"/> Not Applicable
				5. Date of Last Report
				02/08/1996
				6. Certificate of Status Desired
				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent		
COOPER, ROBERT G 7280 W PALMETTO PARK RD. SUITE 110 BOCA RATON FL 33433		Name 800002076300---		
		Street Address (P.O. Box Number is Not Applicable) -02/04/97--01010--008		
		Suite, Apt. #, etc.		
		City FL 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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstalling)</small>				
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code
MGRM	COOPER, ROBERT G	7280 W PALMETTO PARK RD.,		BOCA RATON FL 33433
MGRM	COOPER, LORI B	7280 W PALMETTO PARK RD.,		BOCA RATON FL 33433
Add Zip Code				
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: _____ Date Jan 29 97 Daytime Phone # 97(561)368-9300				