

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		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 JUN -1 PM 3:17	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L95000000378		1a. Principal Place of Business Address	
TRILOGY PARTNERS, L.C. P.O. BOX 3000 3835 N.W. 52ND Street BOCA RATON FL 33431-0900 Boca Raton, FL. 33496				7200 W PALMETTO PARK RD. SUITE 110 BOCA RATON FL 33433 3835 N.W. 52ND Street Boca Raton, FL. 33496	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
3835 NW 52ND ST		3835 NW 52ND ST		05/15/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation	
				FL	
City & State		City & State		4. FEI Number	
Boca Raton, FL		Boca Raton, FL		65-0580453	
Zip		Zip		<input type="checkbox"/> Applied For	
33496		33496		<input type="checkbox"/> Not Applicable	
Country		Country		5. Date of Last Report	
USA		USA		01/30/1997	
7. Name and Address of Current Registered Agent		6. Certificate of Status Desired			
COOPER, ROBERT G 7280 W PALMETTO PARK RD. SUITE 110 BOCA RATON FL 33433		<input type="checkbox"/> \$8.75 Additional Fee Required			
		8. Name and Address of New Registered Agent/Office			
		Name Robert G. COOPER			
		Street Address (P.O. Box Number is Not Acceptable) 3835 N.W. 52ND Street			
		Suite, Apt. #, etc.			
		City Boca Raton, FL			
		Zip Code 33496			
9. Pursuant to the provisions of Sections 608.40 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 5-17-98			
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	COOPER, ROBERT G	3835 N.W. 52ND ST. 7200 W PALMETTO PARK RD.		BOCA RATON FL 33496	
MGRM	COOPER, LORI B	7200 W PALMETTO PARK RD. 3835 N.W. 52ND ST.		BOCA RATON FL 33496	
100002545071--8 -06/02/98--01092--006 ****188.75 ****188.75					

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 officer 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:

(Member) 5-17-98 (561)
368-9300