


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

<b>LIMITED LIABILITY COMPANY ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>	
<b>FILING FEE \$ 203.75</b>		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company <b>KSCR REALTY, L.C. % KENDALL SWEDISH CAR REPAIR, INC. 12460 S.W. 128 STREET BAY #1 MIAMI FL 33186</b>		<b>DOCUMENT # 195000000528</b>	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.		1a. Principal Place of Business Address <b>% KENDALL SWEDISH CAR REPAIR, 12460 S.W. 128 STREET BAY #1 MIAMI FL 33186</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Organized or Qualified <b>07/10/1995</b>	3a. State of Formation <b>FL</b>
		4. FEI Number <b>65-0602669</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report <b>06/19/1996</b>	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent <b>LICKSTEIN, FRED K 201 ALHAMBRA CIRCLE, SUITE 1200 CORAL GABLES FL 33134</b>		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>700002112007--1</b> Suite, Apt. #, etc. <b>-03/13/97--01008--003</b> <b>*****203.75 *****203.75</b> City <b>FL</b> 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 _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MARCHETTI, FRANK	11362 SW 129TH COURT	MIAMI FL 33186
MGRM	MORETTI, ALBERT	<del>P.O. BOX 160172</del> 10690 SW 137 ST	MIAMI FL 33176 <i>MIAMI FL 33176</i>
<i>A. Alan 3/11/97</i>			
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: <i>✓</i>		<i>Frank Marchetti 2-3-97 305-235-6377</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date	Daytime Phone #

APPROVED  
AND  
FILED

97 MAR 11 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA