

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

99 APR -5 AM 11:28

**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 # L95000000528**

KSCR REALTY, I.C.  
 % KENDALL SWEDISH CAR REPAIR, INC.  
 12460 S.W. 128 STREET BAY #1  
 MIAMI FL 33186

99-AR  
CM

1a. Principal Place of Business Address

% KENDALL SWEDISH CAR REPAIR  
 12460 S.W. 128 STREET BAY #1  
 MIAMI FL 33186

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/10/1995	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For
Zip		Country		65-0602669	<input type="checkbox"/> Not Applicable
				5. Date of Last Report	6. Certificate of Status Desired
				03/05/1998	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
LICKSTEIN, FRED K 201 ALHAMBRA CIRCLE, SUITE 1200 CORAL GABLES FL 33134		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc. <del>600002842676</del>	
		City	
		-04/16/99--01091--019	
		****188.75 ****188.75	
		Zip Code	
		<b>FL</b>	

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 filing change)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MARCHETTI, FRANK	11362 SW 129TH COURT	MIAMI FL
MGRM	MORETTI, ALBERT	10690 S.W. 137 ST.	MIAMI FL

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: *Albert Moretti* ALBERT MORETTI 4-1-99 305 235-6244