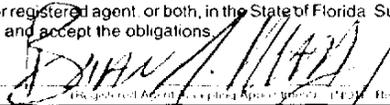
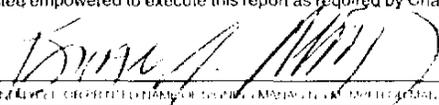


**File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company <b>SOUTH FLORIDA ENTERPRISES, L.C.</b> - 2716 - OAKBROOK MANOR WESTON FL 33332				DOCUMENT # L95000000707	
2. Principal Place of Business 3540 Crystal View Court Suite, Apt. #, etc		2a. Mailing Address 3540 Crystal View Court Suite, Apt. #, etc		1a. Principal Place of Business Address 2716 OAKBROOK MANOR WESTON FL 33332	
3. Date Organized or Qualified 09/11/1995		3a. State of Formation FL		4. FEI Number 65-0615343 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 04/27/1998		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent MURPHY, THOMAS S 2716 OAKBROOK MANOR WESTON FL 33332			8. Name and Address of New Registered Agent/Office Name: Brian J. Murphy Street Address (P.O. Box Number is Not Acceptable): 3540 Crystal View Court Suite, Apt. #, etc City: Miami FL Zip Code: 33133		
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: _____		
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
NEM	MURPHY, THOMAS S	2716 OAKBROOK MANOR		WESTON FL	
NEM	MURPHY, BRIAN J	5116 SOUTH WEST 57TH AVENUE		MIAMI FL	
600002811346-5 -03/19/99--01009--010 ****188.75 ****188.75  SL 3-17-99					
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: 					

FILED

99 MAR 10 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA