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

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	D LIABILIT ANNUAL R 199		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			FILED			
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE							97 TEB 17 PH 2:43		
1. Name and Mailing Address of Limited Liability Company DOCUMENT #L9500000714							SECRETARY OF STATE		
							1a. Principal Place of Business Addiess [] A		
THE HIGH C'S, L.C. 2716 OAKBROOK MANOR FT. LAUDERDALE FL 33332 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.							2716 OAKBROOK MANOR FT. LAUDERDALE FL 33332		
	al Place of Busi		iling Address			3. Date Organize	d or Qualified	3a. State of Formation	
Suite, Apt	. #, etc.		Suite, A	Suite, Apt. #, etc.			9/12/199 4. FEI Number)5 !	FL
							4. FEI Number		Applied For
City & State			City & S	City & State			65-0615350 Not Applicable		
Zip		Country Zip		Counti	у	5. Date of Last R	•	Sa 75 Additional Fee Required	
	7. Name	and Address of (Current Registere	d Agent			8. Name and Addr		gistered Agent
9. Pursua its registe as registe	ant to the provis red office or regi red agent, and		08.416 and 608.50 th, in the State of F				d liability company su ative vote of a majority	y of the me mber	Zip Code ment for the purpose of changing s. I hereby accept the appointment
SIGNATURE [Registered Agent Accepting Ap				(NOTE: Registered	d Agent signatur	e required when reinstatin	ng) DATE		
10. Title	Mar	naging Members/M	lanagers	-	Busine	ss Street Address		City	, State and Zip Code
	MURPHY,	THOMAS BRIAN J				OK MANOR	1	CIAMI F	DERDALE FL L D918077 /9701049018 J3.75 ****203.75
11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther 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: Thomas S. Mups Ex 2/13/97 (954) 389-2613									

INHSE10 R(12-96)