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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILING FEE	Annı	ual Report \$100.00 + \$103.75 Corporation Supplemental Fee
\$ 203.75	Make Che	ck Payable To: FLORIDA DEPARTMENT OF STATE
 Name and Mai of Limited Liab 	ling Address ility Company	DOCUMENT #L95000000724

UNITY HOLDINGS, L.C. 223 NW 27 AVE C/O MANNY FAINSTEIN MIAMI FL 33135

MAIN

223 NW 27 AVE C/O MANNY FAINSTEIN MIAMI FL 33135

APPROVED

If above mailing	address is incorrect in any way, II	ne through incorrect information	n and enter cor	rrection in Bloc	k 2a.			
2. Principal Pla	Principal Place of Business 2a. Mailing Address		5		3. Date Organized or Qualifie	d 3s. State of Formation		
O A #		0.00			09/19/1995	r'L		
Suite, Apt. #, et	#, etc. Suite, Apt. #, etc.				4. FEI Number	Applied For		
City & State	ity & State City & State				65-0615570	Not Applicable		
Zip	ip Country Zip C		Count	trv	5. Date of Last Report	6. Certificate of Status Desired		
					02/09/1996	Sit 75 Additional Fee Required		
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent				
	N, MANNY			Name				
223 NW 27 AVE C/O MANNY FAINSTEIN			Street Address (P.O. Box Number is Not Acceptable)					
MUAMI ÇI	a 33.L35			Suite, Apr	t. #, etc.			
				City	· FI	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 [Registered Agent Accepting Appointment] (NOTE: Registered Agent signature required when reinstating)

DATE

	(Regi	stered Agent Accepting Appoi	intment) (NOTE Re	gistered A	gent sigr	ature required when reinstating)					
10. Title	Managing Members/Managers				Bus	siness Street Address		City, State and Zip Code			
MEM	FAINSTEIN,	MANNY	223	NW	27	AVE	ľ	IMAII	FL		
MEM	FAINSTEIN,	CLATRE	223	NW	27	AVE	N	IMAII	FL	-	
мем :	FAINSTEIN,	CRAIG S	223	NW	27	AVE	N	IMAII	FL		
MEM :	FAINSTEIN,	SCOTT D	223	MM	27	AVE	Ŋ	IMAI	FL		
							40	0 (3) (3) -027 ***	2090 (18/970 *203.75	114- 1013-022 ****203.7 /41/19	2 '5 1

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. Ifurther certify that the information indicated on this annual report is true and accurate and hat 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 received or trusted expressed 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.

SIG	ΝΔΤ	URE:
JIU		VIIL.

TURN AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

(301)541.5410