

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 Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1 Name and Mailing Address of Limited Liability Company	DOCUMENT # L95000000773
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WESTERN JAVELIN L.C.
3951 NE 17TH AVE., #709
~~POMPANO BEACH FL 33046~~
NEW 1230 Hillsboro Mile #101
Hillsboro Beach, FL 33062

2 Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address
3951 NE 17TH AVE., #709
~~POMPANO BEACH FL 33046~~
NEW 1230 Hillsboro Mile #101
Hillsboro Beach, FL 33062

3. Date Organized or Qualified	3a. State of Formation
10/12/1995	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
65-0610929	
5. Date of Last Report	6. Certificate of Status Desired
03/30/1998	\$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
JONES, MARK 3951 NE 17TH AVE., #709 POMPANO BEACH FL 33046 <u>NEW 1230 Hillsboro Mile #101</u> <u>Hillsboro Beach, FL 33062</u>	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL 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 reappointing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	JONES, MARK	3951 NE 17TH AVE., #709 <u>1230 Hillsboro Mile #101</u>	POMPANO BEACH FL <u>Hillsboro Beach, FL 33062</u>
MGR	JONES, CATERBY	3951 NE 17TH AVE., #709	POMPANO BEACH FL
			600002806376--0 -03/15/99--01131--018 ***188.75 ***188.75
			AL MAR 11 1999

11. I 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: [Signature] 2/22/99 970
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3740