
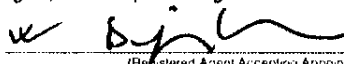



FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS		FILED 97 MAR -5 AM 10:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company MISS MARBLES PARLOUR, I.C. P.O. BOX 609 KEY WEST FL 33041		DOCUMENT # L9500000776			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		1a. Principal Place of Business Address 502 OLIVIA STREET KEY WEST FL 33040	
		3. Date Organized or Qualified 0/05/1995		3a. State of Formation FL	
		4. FEI Number 65-0609350		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		5. Date of Last Report 03/04/1996		6. Certificate of Status Desired \$6.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent WINN, DILYS 3405 EAGLE AVE. KEY WEST FL 33040				8. Name and Address of New Registered Agent Name: DILYS WINN Street Address (P.O. Box Number is Not Acceptable): 502 OLIVIA STREET Suite, Apt. #, etc.: City: KEY WEST FL Zip Code: 33040	
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	LEVINSON, RICHARD J	PO BOX 2905 (N/A)		EDISON NJ	
MGRM	WINN, DILYS	3405 EAGLE AVE. 502 OLIVIA ST		KEY WEST FL 33040	
				400002107164--8 -03/07/97--01047--003 ****203.75 ****203.75 JB35-97	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>					