LIMITED LIABILITY COMPANY ANNUAL REPORT 1999			CLORIDA DEPARTMENT OF STATE  Katherine Harris Secretary of State  DIVISION OF CORPORATIONS		SECRETARY OF STATE DIVISION OF CORPORATIONS
ILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE				99 MAY -3 AM II: 32	
Name a of Limit	and Mailing Address led Liability Company DOC	UMEN	<b>T</b> # L9500	0000817	<b></b>
	144, L.C.			~ <b>0</b> _	1a. Principal Place of Business Address
	2470 POINCIANA CO WESTON FL 33327	2	ON.	in	2470 POINCIANA CT WESTON FL 33327
Principa	al Place of Business	<b>2a</b> . Ma	iling Address		Date Organized or Qualified   3a. State of Formation
					10/24/1995 FL
Suite, Apt. #, etc			Suite, Apt. #, etc.		4. FEI Number Applied For
City & State		City & S	City & State		65-0642300 Not Applicab
Zip Country		Zip Coun		Country	5. Date of Last Report 6. Certificate of Status Desired
<u> </u>					03/06/1998 S8.75 Additional Fee Required
7. Name and Address of Current Registered Agent				Name	Name and Address of New Registered Agent/Office
is register is register	red office or registered agent, or both, in red agent, and accept the obligations.				-05/11/9901031001  ****188,75 ****188.  Zip Code  FL  Id liability company submits this statement for the purpose of changin lative vote of a majority of the members. Thereby accept the appointment
SIGNATURE [Registered Agent Action (e.g. Agent events of the Control of the Contr			<del></del>	system on tweet each	-0
MGR			<del> </del>	DINCIANA CI	
TIOK	GROSS, JUDY M		2470	Polinecana 1	a. Wester CC
J	C. (C. )		· J		
	Capter				