LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee						FILED 1/13				
\$ 188 1. Name	75 Ma and Mailing Ad led Liability Co	ke Check Payable	To: FLORI	# L9500000	NT OF STATE	GRE PART E VILABASSEE	i STATE FLORID A			
	9752 SV	cos de las Amo V Santa Monica ity, FL 34990		L.C.		· ·	sce of Business Santa Mo ty, FL 34	onica D	rive	
2. Principal Place of Business 2e. Mailin				ng Address		Date Organized or Qualified		3a. State of Formation		
Suite, Apt. #, etc.			Suite Ant	Suite, Apt. #, etc.			11-6-1995		FL	
City & State			City & Sta			4. FEI Number 65~061.8566		-	Applied For Not Applicable	
Zip Country		Zip Countr		untry	5. Date of Last Report 4-28-98		6. Certificate of Status Desired S8 75 Additional Fee Required			
7. Name and Address of Curre			ent Registered Agent		8.			of New Registered Agent/Office		
its register	red office or reg red agent, and	sions of Sections 608.416 istered agent, or both, in the accept the obligations. (Registered Agent Accepting	ne State of Flor	ida. Such change wa	s authorized by affirm	ed liability company s native vote of a majoril				
10. Title Managing Members/Managers				Business Street Address			City, State and Zip Code			
Mg	James Callari			355 Park Avenue			NY, NY 10010			
Mgr	David Ashe			901 Ponce de Leon Blvd Ste 901			Coral Gables, FL 33134			
Mgr	Robert Schweiger			9752 SW Santa Monica Drive			Palm City, FL 34990			
						30	10002 -07/2 ****	0/990	:9532)1095010 ****188.75	
indicated of limited liab attachmen	reby certify that on this annual re illity company of t with an addre	. /	with this liling do	pes not qualify for the gnature shall have to execute this eport as	exemption stated in S ne same legal effect a s required by Chapter	as if made under oath r 608, Florida Statute:	Florida Statutes.; that I am a mars; and that my na	naging memb ame appears	fy that the information ber or manager of the in Block 10, or on an	