


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 MAR 13 PM 4:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE		DOCUMENT # L95000000948			
1. Name and Mailing Address of Limited Liability Company CASCONE INVESTMENTS, L.C. 804 N.E. 70TH STREET BOCA RATON FL 33487		NOTE of Change of Address		1a. Principal Place of Business Address 804 N.E. 70TH STREET BOCA RATON FL 33487	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address 5530 NE 7 AVE. Suite, Apt. #, etc. City & State BOCA RATON FL Zip Country 33487 FL/USA		3. Date Organized or Qualified 12/08/1995 3a. State of Formation FL 4. FEI Number 65-0626055 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent NOWICKI, MARK J 14155 U.S. HIGHWAY ONE, STE. 302 JUNO BEACH FL 33408		5. Date of Last Report 03/10/1997 6. Certificate of Status Desired <input type="checkbox"/> SB 75 Additional Fee Required			
8. Name and Address of New Registered Agent/Office 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 _____ <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	
MGR	CASCONE, JOSEPH J	804 NE 70TH ST.		BOCA RATON FL	
MEM	BURNETT, ELIZABETH J	804 NE 70TH ST.		BOCA RATON FL	
MEM	CASCONE, CHRISTIAN M	804 NE 70TH ST.		BOCA RATON FL	
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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(), 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: *Joseph J. Cascone* J. CASCONE MD Date: 3/19/98 Daytime Phone #: 561-9975923