

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 99 JUL 26 PM 2:17

LIMITED LIABILITY COMPANY
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company
DOCUMENT # L95000000948
 CASCONE INVESTMENTS, L.C.
~~5530 NE 7TH AVENUE~~ P.O. Box 7190
~~BOCA RATON FL 33407~~ Atlanta GA 30357

1a. Principal Place of Business Address
~~804 N.E. 70TH STREET~~
~~BOCA RATON FL 33407~~

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

2a. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Date Organized or Qualified
 12/08/1995

3a. State of Formation
 FL

4. FEI Number
 65-0626055
 Applied For
 Not Applicable

5. Date of Last Report
 03/13/1998

6. Certificate of Status Desired
 \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
 NOWICKI, MARK J
 14155 U.S. HIGHWAY ONE, STE. 302
 JUNO BEACH FL 33408

8. Name and Address of New Registered Agent/Office
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, etc.
 City Zip Code
 FL

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 restate.)

10 Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	CASCONE, JOSEPH J	804 NE 70TH ST. PO Box 7190	Atlanta GA 30357 BOCA RATON FL
MEM	BURNETT, ELIZABETH J	804 NE 70TH ST. PO Box 7190	Atlanta GA 30357 BOCA RATON FL
MEM	CASCONE, CHRISTIAN M	804 NE 70TH ST. PO Box 7190	Atlanta GA 30357 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) (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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date: _____ Daytime Phone #: _____