or before May 1, 1998 or Limited Liability Company will be i to a \$ 400.00 LATE FEE

MITED LIABILITY COMPANY ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 APR 23 PM 1: 23

4. u/24

1. Name and Malling Address of Limited Liability Company DOCUMENT # 19500000950											
FALCON MANAGEMENT SERVICES, L.C. 1 S.E. 3RD AVENUE SUITE 1440 MIAMI FL 33131							1a. Principal Place of Business Address  1 S.E. 3RD AVENUE SUITE 1440 MIAMI FL 33131				
Principal Place of Business     2a.				2a. Malling Address				3. Date Organized or Qualified   3a. State of Formation			
One Southeast Third Avenue			SAME				12/08/1	005	T2.T		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				4. FEI Number	223	l FL I	Applied For	
Suite City & Stat	#1440	City & State				1		1	Applied For		
			5.75			<u>65-0630330</u>		Not Applicable			
Zip	fiami. Florida Country				Counti	5. Date of Last Report			Certificate of Status Desired		
33131							007	58.75 Additional Fee Required			
7. Name and Address of Current Regi				Agent		8. Name and Address of New Regi			tered Agent/Office		
			·	Name	<u> </u>						
RAHM	AN, NAS	IM A				Street Address (P.O. Box Number is Not Accept			ioi —		
1 S.E. 3RD AVENUE SUITE 1440				Street Address (P.O. Box N			Box Numger I	per is not Acceptable)			
MIAMI FL 33131				Sulte, Apt. #, etc			•				
111111111111111111111111111111111111111								,	,		
•				City			Zip Code				
		<u> </u>									
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											
to Till-			opaintment) (N	IOTE Registered Ac	Engistered Agent signature required whom reinstating)						
10. Title	Managing Members/Managers			Business Street Address				City, State and Zip Code			
MEM	DAHLAWI, HASSAN			1 S.E. 3RD AVE.,ST			TE 1440	MIAMI	FL		
MEM	DAHLAWI, ABDULLAH			1 S.E. 3RD AVE., S			STE 1440	MIAMI	FL	••	
MEM	DAHLAWI, GHASSAN			1 S.E	. 3RI	AVE.,	STE 1440 MIA		FL		
							4 .~~	amin amin amin amin a	e e	201 4	
							1 U	-04/28 ****1	79801 97.50	2 <b>814</b> 025010 ****197.50	

11. Ido 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 imited 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. 305-374