

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAY -7 PM 3:50

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

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L96000000081

GERMAN AMERICAN INVESTMENTS, L.C.
21717 HAMMOCK DRIVE Point Dr.
BOCA RATON FL 33433

1a. Principal Place of Business Address
21717 HAMMOCK DRIVE
BOCA RATON FL 33433

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
01/22/1996

3a. State of Formation
FL

4. FEI Number
65-0642556
~~APPLIED FOR~~

5. Date of Last Report
03/05/1997

6. Certificate of Status Desired
SB 75 Additional Fee Required

7. Name and Address of Current Registered Agent
SIEGEL, RONALD L
1800 CORPORATE BOULEVARD NW
SUITE 302
BOCA RATON FL 33431

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 *MGA*

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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	HARTWIG, DIETMAR H	21717 HAMMOCK DR. Pt. Dr. 6181 BALBOA CIRCLE, #401	BOCA RATON FL 33433
MGRM	HARTWIG, BRIGETTE ★	6181 BALBOA CIRCLE, #401 21717 HAMMOCK DR Pt. Dr	BOCA RATON FL 33433

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****188.75 ****188.75

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: *Brigitte Hartwig*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #