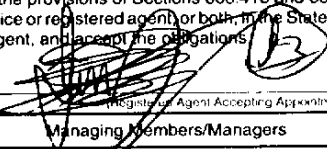
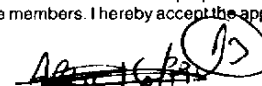
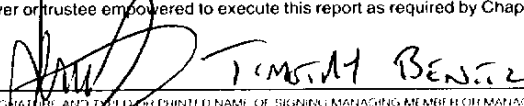


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$400.00 LATE FEE.

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE	
ANNUAL REPORT 1999		Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
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 # L96000000179	
J. F. BRENNAN DESIGN/BUILD, L.C. 255 SUNRISE AVE. #200 PALM BEACH FL 33480		1a. Principal Place of Business Address 255 SUNRISE AVE. #200 PALM BEACH FL 33480	
2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	02/12/1996	FL
City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	65-0647989	
		5. Date of Last Report	6. Certificate of Status Desired
		03/02/1998	\$8.75 Additional Fee Required <input type="checkbox"/>
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
BENITZ, TIM C/O J. F. BRENNAN DESIGN/BUILD L.C. 255 SUNRISE AVE., #200 PALM BEACH FL 33480		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 	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	BRENNAN, JOSEPH F	113 DUPOINT ST, SUITE 203	TORONTO, ONT M5R1V4
MGR	GREENGLASS, DANIEL J	113 DUPOINT ST, SUITE 203	TORONTO, ONT M5R1V4
MGR	BENITZ, TIMOTHY	246 SEMINOLE AVENUE 255 Sunrise Ave Suite 200	PALM BEACH FL
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: 		APR 16/99 832-9960	