## FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham



APPROVED AND FILED

ANNUAL REPORT 1997			1997 MAR 31 AM 11: 20				
FILING FEE Annual Report \$100.00 \$ 203.75 Make Check Payable T	NT OF STATE	SECRETARY OF STATE TALLAHASSEE, FLORIDA					
	MENT #19600000	<u> </u>	ncipal Place of Business Address				
MAGNUM U.S. INVESTMI 18181 NE 31ST CT, ST NORTH MIAMI BEACH FI	NORT	18181 NE 31ST CT, SUITE 1107 NORTH MIAMI BEACH FL 33160					
If above mailing address is Incorrect in any way, line through Place of Business  18/8/NE 31st CT	3. Date	3. Date Organized or Qualified 3s. State of Formation					
Sulte, Apt. #, etc.	Suite, Apt. #, etc.	l l	02/20/1996 FL 4. FEI Number				
City & State	City & State		65-0646085 Not Applicable				
NORTH MIAMI BEACH, FR	Zip Cou	ntry 5. Date	of Last Report  6. Certificate of Status Desired  \$8.75 Additional Fee Required				
7. Name and Address of Current I	Registered Agent	Name	and Address of New Registered Agent				
BARNETT, DAVID C 2550 EISENHOWER BLVD, SU PORT EVERGLADES FL 33310	Sulte, Apt. #, etc.  SUITE 110' City N. MIAMI BEA	88ACH FL 33160					
Its registered office or registered agent, or both, in the as registered agent, and accept the obligations.  SIGNATURE	State of Florida, Such change was	authorized by affirmative vote o	mpany submits this statement for the purpose of changing f a majority of the members. I hereby accept the appointment  DATE  3 \ 28 \ 9 7				
10. Title Managing Members/Managers		fure required when reinstating) ness Street Address	City, State and Zip Code				
MGR METZ, CHERISE MGR BLOCK, LARA			11 NORTH MIAMI BEACH FL  11 NORTH MIAMI BEACH FL  20002130642-6 -04/01/97-01107-002				
			****203.75 ****203.75				

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.

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