


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 <b>Sandra B. Mortham</b> 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					
1. Name and Mailing Address of Limited Liability Company			DOCUMENT # L96000000230		
SORRENTINO ASSET MANAGEMENT, L.C. C/O ROBERT J. SORRENTINO 5551 RIDGEWOOD DRIVE, SUITE 305 NAPLES FL 34108			1a. Principal Place of Business Address  C/O ROBERT J. SORRENTINO 5551 RIDGEWOOD DRIVE, SUITE NAPLES FL 34108		
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/27/1996	
City & State		City & State		4. FEI Number	
Zip		Country		65-0641160	
				5. Date of Last Report	
				05/01/1997	
				3a. State of Formation	
				FL	
				<input type="checkbox"/> Applied For	
				<input type="checkbox"/> Not Applicable	
				6. Certificate of Status Desired	
				S8 75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent/Office		
ZAKS, JOSEPH D 4501 TAMiami TRAIL, NORTH SUITE 300 NAPLES FL 33940			Name <u>Antonio FAGA</u> Street Address (P.O. Box Number is Not Acceptable) <u>375 12th Ave S</u> Suite, Apt. #, etc. <u>NAPLES</u> City <u>FL</u> Zip Code <u>34102</u>		
9. Pursuant to the provisions of Sections 608.410 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 <u>[Signature]</u> (If Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			DATE <u>4/28/98</u>		
10. Title		Managing Members/Managers		Business Street Address	
MGRM		SORRENTINO, ROBERT J		10621 AIRPORT PULLING RD.	
				NAPLES FL	
				100002536961--1	
				-05/27/98--01083--005	
				****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: [Signature]

SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/28/98