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

ANNUAL REPORT  1997  Secretary of State DIVISION OF CORPORATIONS  97 MAR 28 AM 9: It    SECRETARY OF STATE YALL AHASSEE FLORIDA  1 Name and Mailing Address Of Limited Liability Company LIGMAN, MARTIN & EVANS, P. L. 230 CATALONIA AVE. CORAL GABLES FL 33134  If above mailing address is incorrect in any way, line through Incorrect Information and enter correction in Block 2a.  Principal Place of Business  2a. Mailing Address  2b. Mailing Address  3. Date Organized or Qualified  3a. State of Formation  3/07/1996  FL  The Number  City & State  City & State  City & State  Country  To Name and Address of Current Registered Agent  Name  Name  Name  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)	LIMITEC	D LIABI	LITY COMPANY		FLORIDA DEP			]	Page 1	tan lan		
FLING FEE	Α				Secre	etary of 3	tate		•			
Table regards defined a belief Company DOCUMENT #1.96000000257  LIGMAN, MARTIN 6 EVANS, P. L. 230 CATALONIA AVE. CORAL GABLES FL 33134  Fabor regards defines a horored in any apy, line through bocorred Information and entire correction in Blook by  Table regards defines a horored in any apy, line through bocorred Information and entire correction in Blook by  Table regards defines a horored in any apy, line through bocorred Information and entire correction in Blook by  Table regards defines a horored in any apy, line through bocorred Information and entire correction in Blook by  Table regards defined on Country  To Country  To Country  To Country  To Doubtry  To Name and Address of Current Registered Agent  LICMAN, STEVEN V. 230 CATALONIA AVE. CORAL GABLES FL 33134  Solice Apt F, BC.  Table Register and Address of New Registered Agent  LICMAN, STEVEN V. 230 CATALONIA AVE. CORAL GABLES FL 33134  Solice Apt F, BC.  To Date of Least Report  Business (F.O. Box Number is Not Acceptable)  Solice Apt F, BC.  To Date of Least Report  Business (F.O. Box Number is Not Acceptable)  Solice Apt F, BC.  To Date of Least Report  Business (F.O. Box Number is Not Acceptable)  Solice Apt F, BC.  To Date of Least Report  Business (F.O. Box Number is Not Acceptable)  Solice Apt F, BC.  To Table Ministry company solicents this seniorment for the purpose of dendrifted and acceptable in the seniorment of the purpose of dendrifted and acceptable in the seniorment of the purpose of dendrifted in the seniorment of the	FILING FEE Annual Report \$100.00 + \$103.75 Corpora					upplement	al Fee OF STATE					
LIGMAN, MARTIN & EVANS, P. L. 230 CATALONIA AVE. CORAL GABLES FL 33134  ** above railing addisses is correct in any way, line through horizoned information and enfore correction in Block 29.  2 Porcepal Place of Business  2a. Making Address  2a. Making Address  3b. Date Organizace of Qualified  3a. State of Formation  3b. Date Organizace of Qualified  3a. State of Formation  3a. State of Formation  3b. Date Organizace of Qualified  3a. State of Formation  3b. Date Organizace of Qualified  4b. TERMumber  4c. Organizace of Qualified  4c. Organizace of Organizace of Control Contro	1 Name and Mailing Address DOCLIMENT # 0.000000057							TÄLLAHASSEE FLORIDA				
2 Principal Piece of Business   2a. Making Address   3. Date Organized of Vasilities   37.7/1.996   FL    Suito Api f, etc   Suito, Api f, etc   Suito, Api f, etc   Mod Applicable   City & State   City	230 CATALONIA AVE.							230 CATALONIA AVE.				
Suite. Apt. 4, etc.  City & State  Chy & Sta				ine through incorre	ct Information and iling Address	ction in Block 2a	l		1	of Formation		
City & State  Ci	Suite, Apt. #, etc. Suite,				Apt. #, etc.			THE REPORT OF THE PARTY OF THE				
7. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Name  Name  Name  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Sulfa. Apt #, etc.  Cay  FL  Zp Code  9. Pursuant to the provisions of Sections 808 416 and 808 508. Fiorids Statutes. The above-named limited liability company submits this statement for the purpose of changing the registered agent, and about the provisions of Sections 808 416 and 808 508. Fiorids Statutes. The above-named limited liability company submits this statement for the purpose of changing for the registered agent, and about the provisions of Sections 808 416 and 808 508. Fiorids Statutes, the above-named limited liability company submits this statement for the purpose of changing interest and provisions of Sections 808 416 and 808 508. Fiorids Statutes, the above-named limited liability company submits this statement for the purpose of changing interest and provisions of the purpose of changing the purpose of the purpose of changing the purpose of changing the purpose of changing the purpose of the purpose of changing the purpose o	City & State			City & S	City & State			65-0408726 Not Applicable			Not Applicable	
Name    Name	Zip		Country	Zip		Country	/	5. Date of Last F	leport	I		
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Sure Apt #, stc.  City  FL  Zip Code  1. Pursuant to the provisions of Sections 606 416 and 608 508, Florida Statutes, the above-named imited liability company submits this statement for the purpose of changing its registered agent, or both, in the Statut of Florida Such change was authorized by effirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and stream flag obligations.  SIGNATURE  Output Super Accept Appointment Offit. Registeria Agent segment registering was recreated by effirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and stream flag obligations.  DATE 3/13/97		7. N	ame and Address of C	urrent Registere	d Agent			8. Name and Add	ress of New F	Registered A	gent	
10. Title Managing Members/Managers Business Street Address City, State and Zip Code  MGRM LIGMAN, DANIEL 30 CATALONIA AVE. CORAL GABLES FL  MGRM EVANS, GORDON J 30 CATALONIA AVE. CORAL GABLES FL  WWW. LIGMAN.  11. Ide hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3) (i)). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3) (ii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3) (ii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3) (ii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3) (ii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3) (ii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3) (ii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3) (ii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3) (ii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3) (ii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3) (ii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3) (ii). Florida Statutes. I furt	Suite, Apt  Suite, Apt  Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named its registered office or registered agent, or both, in the State of Florida. Such change was authorized by							Zip Code  FL  Zip Code  Gliability company submits this statement for the purpose of changing native vote of a majority of the members. I hereby accept the appointment				
MGRM LIGMAN, DANIEL 30 CATALONIA AVE. CORAL GABLES FL  MGRM EVANS, GORDON J 30 CATALONIA AVE. CORAL GABLES FL  W. LIVMAN. 5000000000000000000000000000000000000	SIGNATURE (Registered Agent Accepting Appointment)				NOTE Registered A							
MGRM EVANS, GORDON J 230 CATALONIA AVE. CORAL GABLES FL  ***********************************	10. Title	<del> </del>	Managing Members/M	Managers		Busine	ss Street Address	S	- Ci	ty, State and	Zip Code	
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11. I de hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information supplied with this filling 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 manages of the limited liability company or the receiver or trastele empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on attachment with an address.  SIGNATURE:  3/13/97 305-445-2682  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Destruction of the control of	]	· ·			i	30 CATALONIA AVE.			CORAL (	GABLES	FL	
indicated on this annual report is frue and accurate and that my signature shall have the same legal effect as it made three daily, that all a managery managers in Block 10, of order limited liability company or the receiver or traisfer empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, of order attachment with an address.  SIGNATURE:  SIGNATURE  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER  Date  Day  Day  Day  Day  Day  Day  Day  Da	かくびょ	W	ecerc G	nseph,			المنافق المتحقق والمتراوي		0002 -03/2: *****	1 2 7 3/37 -0 203.75	5057 1110013 ****203.75	
SIGNATURE: 3/13/97 305-445-2682 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytons Proces #	indicateo	on this an	nual report is true and ac pany or the receiver or ty									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Destroy Progret	1		The same of the sa	lake			_	3/	13/97	305	5-445-2682	
			SIGNATUR	E AND TYPED OR PRINT	ED NAME OF SIGNING	G MANAGING	MEMBER OR MANAGE		***************************************		Daytime Phone #	