


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		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 # L96000000257			
LIGMAN, MARTIN & EVANS, P.L. 230 CATALONIA AVE. CORAL GABLES FL 33134		1a. Principal Place of Business Address 230 CATALONIA AVE. CORAL GABLES FL 33134			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/07/1996	
City & State		City & State		3a. State of Formation FL	
Zip		Zip		4. FEI Number 65-0408726	
Country		Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 03/04/1998	
				6. Certificate of Status Desired \$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		
LIGMAN, STEVEN V 230 CATALONIA AVE. CORAL GABLES FL 33134			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City		
			400002853594-2 -04/27/99-01058-025 ****188.75 ****188.75 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 _____		
(Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature must witness this filing)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	LIGMAN, DANIEL	230 CATALONIA AVE.		CORAL GABLES FL	
MGRM	EVANS, GORDON J	230 CATALONIA AVE.		CORAL GABLES 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: _____		4/19/99 (305) 445-2682			
SIGNATURE AND FULLY COMPLETED NAME OF SECRETARY OR MANAGER REQUIRED FOR FILING					