


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1 Name and Mailing Address of Limited Liability Company		<b>DOCUMENT #</b> L96000000269			
GERAMEX, LLC 169 S.E. 2ND AVE. POMPANO BEACH FL 33060		1a. Principal Place of Business Address 169 S.E. 2ND AVE. POMPANO BEACH FL 33060			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business Suite, Apt. #, etc.		2a. Mailing Address Suite, Apt. #, etc.		3. Date Organized or Qualified 03/08/1996	
SAME		SAME		3a. State of Formation FL	
City & State		City & State		4. FEI Number 65-0652337	
Zip		Country		5. Date of Last Report	
				6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent	
CORPORATION SERVICE, COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				Name JOERG SCHEELE Street Address (P.O. Box Number is Not Acceptable) 169 SE 2 Avenue Suite, Apt. #, etc. City POMPANO BEACH FL Zip Code 33060	
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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)				DATE 04/03/97	
10. Title		Managing Members/Managers		Business Street Address	
MGRM		SCHEELE, JOERG		169 S.E. 2ND AVE.	
MGRM		SCHEELE, LAURA		169 S.E. 2ND AVE.	
				POMPANO BEACH FL	
				POMPANO 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)(l), 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:		JOERG SCHEELE		04/03/97 (954) 943 9449	
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	