
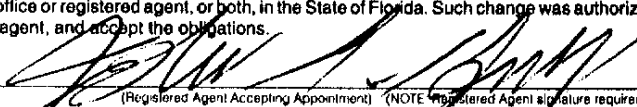
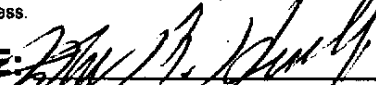


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 MAY -1 PM 12:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT #L96000000290 THE FINAL RESPONSE L.I.C. 9015 SOUTHWEST 16TH STREET MIAMI FL 33165		1a. Principal Place of Business Address 9015 SOUTHWEST 16TH STREET MIAMI FL 33165			
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. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 03/13/1996	
				3a. State of Formation FL	
				4. FEI Number 65-0655479	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				6. Certificate of Status Desired <input type="checkbox"/> SR 75 Additional Fee Required	
7. Name and Address of Current Registered Agent HURLEY, JOHN R 9015 SOUTHWEST 16TH STREET MIAMI FL 33165			8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 300002169663--5 Suite, Apt. #, etc. -0570797--01075--010 *****203.75 *****203.75 City 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  <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>			DATE 4/29/97		
10. Title Managing Members/Managers		Business Street Address		City, State and Zip Code	
MGRM HURLEY, BOB		9015 SOUTHWEST 16TH STREET		MIAMI FL	
MGRM HURLEY, PAMELA M		9015 SOUTHWEST 16TH STREET		MIAMI 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: 			Bob Hurley		4/29/97 305 235 3165
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>			<small>Date</small>		<small>Daytime Phone #</small>