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 \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE					SECRETARY OF STATE DIVISION OF CORPORATIONS 99 APR 22 PM 2: 08			
Name a of Limit	and Mailing Address led Liability Company	UMEN	「# L960000	000310				
C.N.C., L.C. 5355 TOWN CENTER ROAD #801 BOCA RATON FL 33486					18. Principal Place of Business Address 5355 TOWN CENTER ROAD #801 BOCA RATON FL 33486			
2 Principal Place of Business 2a. Mailir			ng Address		3. Date Organized or Qualified 3a. State of Formation			
Suite, Apt. #, etc. Suite, Ap			t # oto		03/14/1996		FL	
Suite, Apr. #, etc.			4		4. FEI Number		Applied For	
City & State City & Sta			65-0		65-0675	75607 Not Applicat		t Applicable
Zip Country Zip		Zip	Country		5. Date of Last Report		6. Certificate of Status Desired	
	7. Name and Address of Cur				04/13/1		S8.75 Additional Fee Reered Agent/Office	equired
9. Pursua Its register as register	(Hog stere 1 Agent Alice	416 and 608 50. In the State of Flo	orida Such change was	Suite, Apt. #, etc. City above-named limited authorized by affirma	tive vote of a majorit	FL ubmits this state y of the members	Zip Code // Zip Co	
10. Title	Managing Members/Man	agers	Busi	ness Street Address		City,	State and Zip Code	
MGR	MAIZES, ISAAC		5355 TOWN	5355 TOWN CENTER F		BOCA R	ATON FL	
MGR	PEDREIRA, Jose		5355 Town Center Pd,		RI, STE 801	Buch	RATON, F	L.
					10	00021 -04/27 ****1	8 54211 /9901095- 88.75 ****	-015 188.75
indicated of limited fiab attachmen	reby certify that the information supplies this annual report is true and accululity company or the receiver or true at with an address	ate and that my	signature shall have th	e same legal effect as	if made under oath	i, that I am a man	aging member or mar	nager of the 10, or on an