


2<sup>nd</sup> and  
**FINAL NOTICE:** File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT #</b> L96000000347
MARSHALL WEINERMAN ENTERPRISES, L.L.C. 7496 REXFORD ROAD BOCA RATON FL 33434	

1a. Principal Place of Business Address
7496 REXFORD ROAD BOCA RATON FL 33434

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Zip
Country	Country

3. Date Organized or Qualified	3a. State of Formation
03/25/1996	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22-3608466	
5. Date of Last Report	6. Certificate of Status Desired
04/01/1997	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent
CAHAN, RICHARD J. ALAN FIRST UNION FINANCIAL CENTER, SUITE C/O SCHANTZ, SCHATZMAN, AARONSON & C MIAMI FL 33131

8. Name and Address of New Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
Zip Code
FL

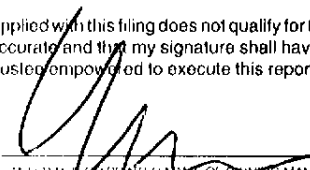
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(If a New Agent Accepts Appointment) (NOTE: Registered Agent's signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	WEINERMAN, MARSHALL	7496 REXFORD ROAD	BOCA RATON FL
MEM	WEINERMAN, IRENE	7496 REXFORD ROAD	BOCA RATON FL
MEM	GURFINKEL, SAMUEL	7496 REXFORD ROAD	BOCA RATON FL
MEM	GURFINKEL, ROSE	7496 REXFORD ROAD	BOCA RATON FL

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\*\*\*\*588.75 \*\*\*\*588.75  
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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:  9/28/98 908-273-2444  
\_\_\_\_\_  
SIGNATURE AND TITLE OF SIGNING MANAGING MEMBER OR MANAGER