LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FILING FEE \$ 188,75  Make Check Payable To: FLORIDA DEPARTMENT OF STATE  **Catherine Harris** Secretary of State Chronical Components of Payable To: FLORIDA DEPARTMENT OF STATE  **Catherine Harris** Secretary of State Chronical Components of Payable To: FLORIDA DEPARTMENT OF STATE  **Catherine Harris** Secretary of State Chronical Components of Payable To: FLORIDA DEPARTMENT OF STATE					SECRETARY OF STATE DIVISION OF CORPORATIONS  99 JUL 23 AM 8: 59			
1. Name a of Limite 0		NY CLUB	# L96000		9400 8	Place of Busines S.W. 13( FL 3318	OTH AVE	ENUE
2. Principa	al Place of Business	2s. Maile	ing Address		3. Date Organ	nized or Qualifier	d 34. State	of Formation
		Cido Ar			04/03/	•	FL	
Suite, Apt.	<del>-</del> - <del></del>	Suite, Api			4. FEI Numbe	ir • • • •		Applied For
City & State	6	City & Ste	ste .		65-066	•		Not Applicable
Ζφ	Country	Z <sub>1</sub> p	Coi	untry	5. Date of Las			ate of Status Desired
					04/29/			or alteate proted
€ 940	7. Name and Address of Curr , JAMES W 00 S.W. 130TH AV I FL 33186			Name	P.O. Box Numbe	er is Not Accept	Zip Code	
9. Pursuar Its registers	, JAMES W 00 S.W. 130TH AV I FL 33186  Int to the provisions of Sections 608.4 ed office or registered agent, or both, in red agent, and accept the obligations	ENUE	. Florida Statutes, the	Name Street Address (I Suite, Apt. #, etc City	d kabil tv company	y submits this str jorky of the memb	Zip Code L alement for the pors. Thereby ac	purpose of changing scept the appointment
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